

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000165599

1. Entity Name  
ROSS A. KELLEY INC.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 13 AM 11:14

Principal Place of Business  
171 NE PENLYNN AVE.  
PORT ST. LUCIE, FL 34983

Mailing Address  
171 NE PENLYNN AVE.  
PORT ST. LUCIE, FL 34983

**REINSTATEMENT 06**



2. Principal Place of Business

3. Mailing Address

10052006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**76-0812714**

Applied For  Not Applicable

City & State

City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, ROSS A.  
171 NE PENLYNN AVE.  
PORT ST. LUCIE, FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
KELLEY, ROSS A.  
171 NE PENLYNN AVE.  
PORT ST. LUCIE, FL 34983

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

**300080829573**  
**10/13/06--01048--005 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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Change  Addition

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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ross A. Kelley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-6  
cell-772  
812-6613  
Date Daytime Phone #

Home 879-7558