

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000010585

1. Entity Name
OLD ALABAMA SPRINGING MEMBER II, INC.



FILED

2008 APR -7 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1730 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

Mailing Address
1730 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

2. Principal Place of Business - No P.O. Box #
3700 Airport Road
Suite, Apt. #, etc.
Suite 401
City & State
Boca Raton, FL

3. Mailing Address
2101 W Commercial Blvd
Suite, Apt. #, etc.
Suite 2800
City & State
Fort Lauderdale, FL



4. FEI Number
20-4265074

Applied For
Not Applicable

Zip
33431

Country
US

Zip
33309

Country
US

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

6. Name and Address of Current Registered Agent

ALTINO, VINCENT J ESQ
2101 W COMMERCIAL BLVD SUITE 2800
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

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 \$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
D SHIMM, KENNETH L
1730 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
3700 Airport Road, Suite 401
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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300122544933
04/08/08--01011--022 **300.00

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth L. Shimm, President

4/1/08

561-391-1751

Daytime Phone #