
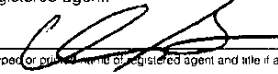


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 11 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000029030</b> 1. Entity Name <b>SIEGLE, INC.</b>					
Principal Place of Business <b>3351 NORTHERN BLVD. LAKE PLACID, FL 33852</b>			Mailing Address <b>3351 NORTHERN BLVD. LAKE PLACID, FL 33852</b>		
2. Principal Place of Business - No P.O. Box # <b>1046 Dixie Street</b>		3. Mailing Address <b>1046 Dixie Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lake Placid, FL</b>		City & State <b>Lake Placid, FL</b>		4. FEI Number <b>20-4467060</b>	
Zip <b>33852</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33852</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIEGLE, CHRISTOPHER 3351 NORTHERN BLVD. LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1046 Dixie Street</b> City <b>Lake Placid FL</b> Zip Code <b>33852</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SIEGLE, CHRISTOPHER</b> <b>3351 NORTHERN BLVD.</b> <b>LAKE PLACID, FL 33852</b>		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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			Date _____ Daytime Phone # _____		

10/11/07