

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000074163

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** THE LOOSE CABOOSE OF BOCA GRANDE, INC.

**Current Principal Place of Business:**

433 W 4TH STREET  
BOCA GRANDE, FL 33921

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1112  
BOCA GRANDE, FL 33921

**New Mailing Address:**

**FEI Number:** 20-5257767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOUDREAU, JACQUES  
433 W 4TH STREET  
BOCA GRANDE, FL 33921 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JACQUES BOUDREAU

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BOUDREAU, JACQUES  
**Address:** 6753 THORMAN ROAD  
**City-St-Zip:** PORT CHARLOTTE, FL 33981

**Title:** D  
**Name:** BOUDREAU, BLANCHE  
**Address:** 6753 THORMAN ROAD  
**City-St-Zip:** PORT CHARLOTTE, FL 33981

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JACQUES BOUDREAU

D

09/30/2010

Electronic Signature of Signing Officer or Director

Date