

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072007 REIN-P CR2E098 (1/07)

DOCUMENT # P06000091401		
1. Entity Name LUCKY SEVENS OF BREVARD, INC.		

Principal Place of Business 57 OCEAN BLVD. SATELLITE BEACH, FL 32937 US	Mailing Address 57 OCEAN BLVD. SATELLITE BEACH, FL 32937 US
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2. Principal Place of Business - No P.O. Box # 63 OCEAN BLVD	3. Mailing Address 5309 INTERSTATE 45
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SATELLITE BEACH, FL	City & State LA MARQUE TX
Zip 32937	Zip 77568
Country US	Country US

6. Name and Address of Current Registered Agent MERRIGAN, PATRICIA 175 SEAWIND DRIVE SATELLITE BEACH, FL 32937	
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7. Name and Address of New Registered Agent Name DEANO MERRIGAN Street Address (P.O. Box Number is Not Acceptable) 63 OCEAN BLVD City SATELLITE BEACH FL Zip Code 32937	
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE 11-16-07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRIGAN, PATRICIA 175 SEAWIND DRIVE SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300112460453 11/20/07--01028--011 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRIGAN, MIKE 2838 POCAHONTAS BULL HEAD, AZ 86442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRIGAN, DEAN O 366 NASA ROAD 1, #409 SEA BROOK, TX 77586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5309 INTERSTATE 45 LA MARQUE TX 77568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, STEVEN 701 BAHIA ROSWELL, NM 88201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11-16-07 Date Daytime Phone #