
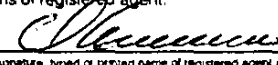
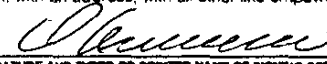


2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| DOCUMENT # P06000099322 1. Entity Name OSVALDO & SON, INC. | | | |  | | FILED 2007 OCT 10 AM 11:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 908 UNICE AVENUE N LEHIGH ACRES, FL 33971 | | | | Mailing Address 908 UNICE AVENUE N LEHIGH ACRES, FL 33971 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | | | City & State Zip Country | | | |
| 4. FEI Number 562599678 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ANCIANO, OSVALDO 908 UNICE AVENUE N LEHIGH ACRES, FL 33971 | | | | 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) | | | | | | | |
| 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. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete ANCIANO, OSVALDO 908 UNICE AVENUE N LEHIGH ACRES, FL 33971 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M ANCIANO, BEATRIZ E. 908 UNICE AVENUE N LEHIGH ACRES, FL 33971 | | |
| 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 400110807004 10/10/07--01055--022 **159.75 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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:  | | | | 10-25-2007 (339) 694-2240 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | | | |

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