

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000115892

Entity Name: SARGE & SKIPS PLACE, INC.

FILED
Sep 30, 2007
Secretary of State

Current Principal Place of Business:

904 S US HIGHWAY 41
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

904 S US HIGHWAY 41
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 20-4160399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVIS, LUCILLE
904 S US HWY 41
INVERNESS, FL 34450 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: LUCILLE AVIS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: AVIS, LUCILLE
Address: 904 S US HWY 41
City-St-Zip: INVERNESS, FL 34450 US

Title: SEC () Delete
Name: AVIS, LUCILLE
Address: 904 S US HWY 41
City-St-Zip: INVERNESS, FL 34450 US

Title: TRES () Delete
Name: AVIS, LUCILLE
Address: 904 S US HWY 41
City-St-Zip: INVERNESS, FL 34450 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: FITZPATRICK, ANGELIQUE
Address: 904 S US HWY 41
City-St-Zip: INVERNESS, FL 34450 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUCILLE AVIS

Electronic Signature of Signing Officer or Director

PRES

09/30/2007

Date