## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## FILED **DOCUMENT # P06000151759** 1. Entity Name 07 OCT 17 PM 12: 27 CNG PRODUCTS OF FLORIDA, INC. JEUNE FART OF STATE FALLAHASSEE, FLORIDA P.O. BOX 321 3 1 Principal Place of Business 3245 IMPERIAL LANE LAKELAND, FL 33381-3 HIGHLANDS CITY,, FL 33846 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 092 REINSTATEMENT & (1/07) Suite, Apt. #, etc. Suite Ant # etc. City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBUS, BRUCE W JR., 707 WEST EAU GALLIE BLVD. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32935 City Zip Code FL 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 FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change PRES TITLE Delete 1010 F ☐ Addition GIRTMAN, WILLIAM L NAME NAME 3245 IMPERIAL LANE STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 CITY-SI-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete ☐ Change ☐ Addition TITLE CAMPBELL, MARGUERITE NAME 3245 IMPERIAL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition CAMPBELL, MARGUERITE NAME 3245 IMPERIAL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Delete Change ☐ Addition THLE GIRTMAN, WILLIAM L NAME NAME STREET ADDRESS 3245 IMPERIAL LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Change TITLE Delete HILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete THIE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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 turther 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.

P.M. Arqueastelionpher 9/24/07