

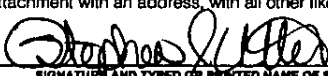


2008

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000154588					
<b>1. Entity Name</b> A 0 1 ENTERPRISES INC.					
<b>Principal Place of Business</b> 2772 BREEZEWOOD DRIVE NORTH FORT MYERS, FL 33917			<b>Mailing Address</b> 2772 BREEZEWOOD DRIVE NORTH FORT MYERS, FL 33917		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>  HUFFMAN, JOSEPH P 1533 HENDRY STREET #302 FT MYERS, FL 33901				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE:  DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UTTER, STEPHEN J 2772 BREEZEWOOD DRIVE NORTH FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT 08-09</div>	
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 900155468329 05/05/09--01042--009 **150.00	
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 900155468329 05/05/09--01042--010 **150.00	
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 900155468329 05/05/09--01042--011 **8.75	
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 205/11	
<b>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.</b>					
<b>SIGNATURE:</b> 			4.29.09 239.209.0015 Date Daytime Phone #		

FILED

09 MAY -4 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04282009 REIN-P CR2E098 (1/07)

 4. FEI Number  
 20-8105307
 

Applied For
Not Applicable

 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$300.00

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

REINSTATEMENT 08-09

 900155468329  
 05/05/09--01042--009 \*\*150.00

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 05/05/09--01042--010 \*\*150.00

 900155468329  
 05/05/09--01042--011 \*\*8.75

205/11

SIGNATURE: 4.29.09 239.209.0015  
Date Daytime Phone #