## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000015615

Entity Name: KING SY OF CENTRAL FLORIDA II, INC.

FILED Feb 23, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

 10125 LICHEN CT
 2674 GRASSMOOR LOOP

 ORLADNO, FL 32817
 APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

10125 LICHEN CT 2674 GRASSMOOR LOOP ORLADNO, FL 32817 APOPKA, FL 32712

FEI Number: 20-8430683 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOHAMMED, BARRY
10125 LICHEN CT
ORLADNO, FL 32817 US

MOHAMMED, BARRY
2674 GRASSMOOR LOOP
APOPKA, FL 32712 US

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: BARRY MOHAMMED 02/23/2009

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title: MOHAMMED, TERRENCE MOHAMMED, TERRENCE Name: Name: 10125 LICHEN CT 2674 GRASSMOOR LOOP Address: Address: City-St-Zip: ORLADNO, FL 32817 City-St-Zip: APOPKA, FL 32712

Title: VPD () Delete Title: () Change () Addition Name: MOHAMMED, SEAN A Name:

 Name:
 MOHAMMED, SEAN A
 Name:

 Address:
 4525 BEAGLE ST
 Address:

 City-St-Zip:
 ORLADNO, FL 32818
 City-St-Zip:

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 MOHAMMED, BARRY
 Name:
 MOHAMMED, BARRY

 Address:
 10125 LICHEN CT
 Address:
 2674 GRASSMOOR LOOP

 City-St-Zip:
 ORLADNO, FL 32817
 City-St-Zip:
 APOPKA, FL 32712

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: BARRY MOHAMMED P 02/23/2009