


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000044707		
1. Entity Name FERRIGNO VENTURES, INC.		

FILED
08 DEC -1 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08



11122008 REIN-P CR2E098 (1/07)

Principal Place of Business 5815 21ST STREET EAST BRADENTON, FL 34203 US		Mailing Address 50 CENTRAL AVENUE APT. 1204D SARASOTA, FL 34236 US	
2. Principal Place of Business - No P.O. Box # 50 CENTRAL AVE		3. Mailing Address 2381 Fruitville Pkwy	
Suite, Apt. #, etc. APT 1204D		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34236	Country USA	Zip 34237	Country USA

4. FEI Number 26-2985772		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERRIGNO, ALBERT 50 CENTRAL AVENUE UNIT 1204D SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRIGNO, ALBERT 50 CENTRAL AVENUE, UNIT 1204D SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138326719 12/01/08--01044--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
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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:  NOV 12 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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