


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 31 PM 2:39

DOCUMENT # P07000051621 1. Entity Name ALBERT PERRINO, INC.	
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Principal Place of Business 1945 OAK ST CLEARWATER, FL 33760-1702	Mailing Address 1945 OAK ST CLEARWATER, FL 33760-1702
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State Zip Country	City & State Zip Country
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12292008 REIN-P CR2E098 (1/07)

4. FEI Number 26-0334061	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 PERRINO, ALBERT 1945 OAK ST CLEARWATER, FL 33760-1702	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 _____ (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																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> TITLE: PRESIDENT / CEO NAME: ALBERT PERRINO STREET ADDRESS: 1945 OAK ST. CITY-ST-ZIP: CLEARWATER, FLA. 33760 </td> <td style="width: 20%; padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> </table>	TITLE: PRESIDENT / CEO NAME: ALBERT PERRINO STREET ADDRESS: 1945 OAK ST. CITY-ST-ZIP: CLEARWATER, FLA. 33760	<input type="checkbox"/> Delete															<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> TITLE: 400139487794 NAME: 01/05/09--01064--002 ***150.00 </td> <td style="width: 20%; padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> </table>	TITLE: 400139487794 NAME: 01/05/09--01064--002 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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B 1/12/09

REINSTATEMENT 08

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: Albert Perrino **ALBERT PERRINO** 12/28/08 686-3058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #