

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000054984

**Entity Name:** SPLIT ENDZ, INC.

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1921 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34447

**New Principal Place of Business:**

353 NE 2ND ST  
CRYSTAL RIVER, FL 34423

**Current Mailing Address:**

PO BOX 2471  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

**FEI Number:** 20-8999124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROOKS, LISA K  
2110 S. MELANIE DRIVE  
HOMOSASSA, FL 34446 US

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

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:** LISA ROOKS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROOKS, LISA K  
**Address:** 2110 S. MELANIE DRIVE  
**City-St-Zip:** HOMOSASSA, FL 34446

**Title:** VP  
**Name:** ROOKS, TODD P  
**Address:** 2110 S. MELANIE DRIVE  
**City-St-Zip:** HOMOSASSA, FL 34446

I hereby 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 all other like empowered.

**SIGNATURE:** LISA ROOKS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/26/2012

\_\_\_\_\_  
Date