

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 21 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292008 REIN-P CR2E098 (1/07)

4. FEI Number **11-3827127** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name **CEDRIC P. HAY**

Street Address (P.O. Box Number is Not Acceptable)

12300 U.S. HWY. 19 N.

City **HUDSON**

FL

Zip Code **34607**

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.

CEDRIC P. HAY

(NOTE: Registered Agent signature required when reinstating)

10/31/08

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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DIR CASSETTA, CASSANDRA C**
STREET ADDRESS **18811 SAKERA ROAD**
CITY - ST - ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
NAME **400138166954**
STREET ADDRESS **11/21/08--01023--006**
CITY - ST - ZIP ****150.00**

TITLE ☐ Delete
NAME **DIR LANZETTA, VINCENT F JR.**
STREET ADDRESS **18811 SAKERA ROAD**
CITY - ST - ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

REINSTATEMENT 2008

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:

Cassandra Cassetta

CASSANDRA C. CASSETTA

10/31/08

727 868 8012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #