2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000108979

168 LASH RD

DEBARY, FL 32713 US

Address: City-St-Zip:

FILED Nov 06, 2009 Secretary of State

Entity Nan	ne: PARK VII	EW POINT RIVER CITY, INC				
Current Principal Place of Business:				New Principal Place of Business:		
1466 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725 US				275 S US HWY 17-92 SUITE 108 DEBARY, FL 32713	US	
Current Mailing Address:				New Mailing Address:		
1466 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725 US				275 S US HWY 17-92 SUITE 108 DEBARY, FL 32713	US	
FEI Number:	26-1163633	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:		
WARZECHA, CLAUDIA 1466 ENTERPRISE OSTEEN RD ENTERPRISE, FL .32725 US				WARZECHA, CLAUDIA 1466 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725 US		
The above in the State		submits this statement for the	purpose of	changing its registered	office or registered agent, or both,	
SIGNATURE: CLAUDIA WARZECHA				11/06/2009		
	Electror	ic Signature of Registered Ag	gent		Date	
		3(2)(b), F.S., the corporation did n	not receive th	e prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WARZECHA, C	RISE OSTEEN RD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STRUNKEIT, C	RISE OSTEEN RD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	SEC () SPALDING, CH	Delete ARLES		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CLAUDIA WARZECHA Ρ 11/06/2009