## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000025846

City-St-Zip:

COCOA, FL 32926

FILED Dec 22, 2009 Secretary of State

Entity Nar	me: PLANE	ET THRIFT, INC.			
Current Principal Place of Business:			New Principal I	New Principal Place of Business:	
840 RICHLAND AVENUE MERRITT ISLAND, FL 32953				119 MUSTANG WAY MERRITT ISLAND, FL 32953	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
840 RICHLAND AVENUE MERRITT ISLAND, FL 32953			119 MUSTANG WAY MERRITT ISLAND, FL 32953		
FEI Number:	: 26-2154349	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
LABELLE, KELLIE G 840 RICHLAND AVENUE MERRITT ISLAND, FL 32953 US			2355 E SHËRW	ROBERTS, DAWNE A 2355 E SHERWOOD CIRCLE COCOA, FL 32926 US	
	named enti e of Florida.	ty submits this statement for the	purpose of changing its reg	istered office or registered agent, or both,	
SIGNATUR	RE: DAWN	IE A ROBERTS		12/22/2009	
	Elect	ronic Signature of Registered A	gent	Date	
		.193(2)(b), F.S., the corporation did r cing Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		( ) Delete KELLIE G IND AVENUE SLAND, FL 32953	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ROBERTS, 525 NORA A MERRITT IS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T ROBERTS, 2355 E. SHI	()Delete DAWNE A ERWOOD CIRCLE	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: DAWNE A ROBERTS **TREA** 12/22/2009