

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000085037

Entity Name: BAG AND BELT BUCKLE INC

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

12708 BRUCE B DOWNS BLVD APT 132
TAMPA, FL 33612

New Principal Place of Business:

5539 UNIVERSITY SQUARE MALL
2166K
TAMPA, FL 33612

Current Mailing Address:

12708 BRUCE B DOWNS BLVD APT 132
TAMPA, FL 33612

New Mailing Address:

16259 COMPTON HEIGHTS PL
TAMPA, FL 33647

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRESTHA, BINOD
12708 BRUCE B DOWNS BLVD APT 132
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

SHRESTHA, BINOD
16259 COMPTON HEIGHTS PL
TAMPA, FL 33647 US

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: BINOD SHRESTHA

10/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHRESTHA, BINOD
Address: 12708 BRUCE B DOWNS BLVD APT 132
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: SHRESTHA, SITA
Address: 12708 BRUCE B DOWNS BLVD APT 132
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHRESTHA, BINOD
Address: 16259 COMPTON HEIGHTS PL
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: SHRESTHA, SITA
Address: 16259 COMPTON HEIGHTS PL
City-St-Zip: TAMPA, FL 33647

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.

SIGNATURE: BINOD SHRESTHA

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date