

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000109702

FILED
Oct 16, 2009
Secretary of State

Entity Name: NATIONAL RECREATION & GAME ROOM SUPPLY, INC.

Current Principal Place of Business:

6520 S. TAMIAMI TRAIL
SARASOTA, FL 34231

New Principal Place of Business:

622 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223

Current Mailing Address:

6520 S. TAMIAMI TRAIL
SARASOTA, FL 34231

New Mailing Address:

622 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223

FEI Number: 26-3934291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERNICONE, KATHERINE
6520 S. TAMIAMI TRAIL
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

PERNICONE, KATHERINE
622 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223 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: KATHERINE PERNICONE

10/16/2009

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: PERNICONE, KATHERINE
Address: 6520 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERNICONE, KATHERINE
Address: 622 NORTH INDIANA AVENUE
City-St-Zip: ENGLEWOOD, FL 34223

Title: DIR () Change (X) Addition
Name: BIZZARO, RICHARD
Address: 622 NORTH INDIANA AVENUE
City-St-Zip: ENGLEWOOD, FL 34223

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: KATHERINE PERNICONE

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10/16/2009

Electronic Signature of Signing Officer or Director

Date