

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000008213

**FILED**  
**Nov 13, 2014**  
**Secretary of State**

**Entity Name:** FIVE STARS OF NEW ENGLAND CONSULTANT INC.,

**Current Principal Place of Business:**

107 N. 11TH STRET  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 882251  
PORT ST LUCIE, FL 34988

**New Mailing Address:**

P.O. BOX 13504  
FORT PIERCE, FL 34979

**FEI Number:** 30-0662247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEPTUNE, SHARINE  
107 N. 11TH STREET  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

PETIT, WILLIAM  
107 N. 11TH STREET  
FORT PIERCE, FL 34950 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: WILLIAM PETIT

11/13/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MARLEY, JAH N VP  
Address: 107 N. 11TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP  
Name: BELLE, ALEX P  
Address: 107 N. 11TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP  
Name: NEPTUNE, SHARINE P  
Address: 107 N. 11TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP  
Name: PETIT, WILLIAM  
Address: 107 N. 11TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM PETIT

GM

11/13/2014

Electronic Signature of Signing Officer or Director

Date