

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000023977

**FILED**  
**Dec 17, 2012**  
**Secretary of State**

**Entity Name:** ESCAPE ZONE NORTHSIDE INC

**Current Principal Place of Business:**

5370 S. CLEVELAND AVE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

13762 W. STATE RD 84, #95  
DAVIE, FL 33325

**Current Mailing Address:**

5370 S. CLEVELAND AVE  
FORT MYERS, FL 33907

**New Mailing Address:**

13762 W. STATE RD 84, #95  
DAVIE, FL 33325

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WILLIAMS, SABREENA  
5370 S. CLEVELAND AVE  
FORT MYERS, FL 33907 US

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

WILLIAMS, SABREENA  
13762 W. STATE RD 84, #95  
DAVIE, FL 33325 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: SABREENA WILLIAMS

12/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, SABREENA  
Address: 13762 W. STATE RD 84, #95  
City-St-Zip: DAVIE, FL 33325

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: SABREENA WILLIAMS

P

12/17/2012

Electronic Signature of Signing Officer or Director

Date