

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 27 AM 9:15

DOCUMENT # P94000027962

1. Entity Name
THE CONSUMER CENTER OF MID-FLORIDA, INC.



Principal Place of Business
101 PHILIPPE PARKWAY
SAFETY HARBOR, FL 34695 US

Mailing Address
101 PHILIPPE PARKWAY
SAFETY HARBOR, FL 34695 US

REINSTATEMENT 06



11082006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
58-2114958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON, ANN
101 PHILIPPE PARKWAY
SAFETY HARBOR, FL 34695

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME GEHR, DENNIS P
STREET ADDRESS 31 OLD SNAKE HILL ROAD
CITY-ST-ZIP POUND RIDGE, NY 10526

TITLE ☐ Change ☐ Addition
NAME 500082085845
STREET ADDRESS 11/27/06--01057--002 **750.00
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HUDSON, ANN
STREET ADDRESS 101 PHILIPPE PARKWAY
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANN HUDSON

11/20/06

727-726-0844

Date

Daytime Phone #