

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000040688

1. Entity Name  
ROZIO & LONDON, INC.



FILED

06 JUL 27 PM 2:25

SECRET  
TALLAHASSEE, FLORIDA

Principal Place of Business  
SPINNAKER INN  
6600 DUDLEY DRIVE  
NAPLES, FL 34105

Mailing Address  
SPINNAKER INN  
6600 DUDLEY DRIVE  
NAPLES, FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 05-06  
07032006 REIN P CR2E098 1/05

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KANNENSOHN, JEFFREY  
5801 PELICAN BAY BLVD.  
#300 PELICAN  
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name: JEFFREY S. KANNENSOHN  
Street Address (P.O. Box Number is Not Acceptable)  
5801 PELICAN BAY BOULEVARD  
SUITE 300  
City: NAPLES FL Zip Code: 34108

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, of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/06

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: ROZIO, FRENA ☐ Delete  
STREET ADDRESS: 2175 HAWKSBRIDGE DR. #1201  
CITY-ST-ZIP: NAPLES, FL 34105

TITLE: V  
NAME: LONDON, MATTHEW ☐ Delete  
STREET ADDRESS: 786 WHISKEY CREEK DR.  
CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: S  
NAME: LONDON, ELEONORA ☐ Delete  
STREET ADDRESS: 786 WHISKEY CREEK DRIVE  
CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: 400078466334  
STREET ADDRESS: 08/08/06--01027--003 \*\*900.00  
CITY-ST-ZIP:

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

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

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

TITLE: ☐ Change ☐ Addition  
NAME:   
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:

EL EONORA LONDON-SECRETARY *El Eonora London* 07/06/2006 239 4340444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #