2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000026528 1. Entry large of Business 1405 CAPE CORAL, INC. Principal Place of Business Mailing Address 2223 ERI PAUD BLVD 2223 ERI PAUD BLVD 2223 ERI PAUD BLVD 2223 ERI PAUD BLVD 223 ERI PAUD BLVD 223 ERI PAUD BLVD 224 ERI PAUD BLVD 225 ERI PAUD BLVD 226 ERI PAUD BLVD 227 ERI PAUD BLVD 228 ERI PAUD BLVD 229 County 200 County 200 County 201 County 3. Mailing Address 3. Maili	REINSTATEMENT									
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E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent T. Name and Addre	City & State		City & State							
## HICKMAN, HAROLD ## Addition of registered Agent ## ADDITIONS OF THE BE IS \$300.00 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation agent with a familiar with, and accept the orbigation agent with a familiar with, and accept the orbigation agent with a familiar with, and accept the orbigation agent agent agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation agent agent agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation agent agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation agent agent, or both, in the State of Rorida. I am familiar with, and accept the Rorida. I am familiar with,	Zip	Country Zip Cour		Country				> \$8.75 Add	litional	
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Street Address (P.O. Box Number p.Not. Acceptable) TAMPA, FL 33607 Single Address (P.O. Box Number p.Not. Acceptable) Tage Code 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 me obligations of registered agent. MARDIS W PARKER SF. SIGNATURE **MARDIS W PARKER SF.** **Bigueren had office agent of the sections.** **Bigueren had office agent of the sections.** **WARDIS W PARKER SF.** **Bigueren had office agent of the sections.** **WARDIS W PARKER SF.** **PILE NOW!!! FEE IS \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DIRECTORS STREET, SUITE 202 **STREET ADDRESS **OFFICERS AND DIRECTORS STREET, SUITE 202 **STREET ADDRESS **OFFICERS AND DIRECTORS STREET, SUITE 202 **STREET ADDRESS **OFFICERS AND DIRECTORS STREET, SUITE 202 **STREET ADDRESS **OFFICERS STREET SUITE 202 **STREET ADDRESS **OFFICERS STREET, SUITE 201 **TILE **DAMAGE STREET ADDRESS **OFFICERS STREET, SUITE 201 **TILE **DAMAGE STREET ADDRESS **OFFICERS STREET, SUITE 201 **TILE **DAMAGE STREET ADDRESS **OFFICERS STREET, SUITE 201 **TILE MADE STREET ADDRESS **OFFICERS STREET, SUITE 201 **TILE MADE STREET ADDRESS **OFFICERS STREET, SUITE 201 **TAMPA, FL 39607 **Delete **DELET ADDRESS **OFFICERS STREET, SUITE 201 **TILE MADE STREET ADDRESS **OFFICERS STREET, SUITE 201 **TAMPA, FL 39607	HICKMAN	HAROLD		Nar	Mann	DIS W. PARKER SR.				
City CAPE CORM. City CAPE CORM. FL 20,208 297					Street Address (P.O. Box Number is Not Acceptable)					
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 Fiorida. I am familiar with, and accept the obligations of registered agent. MARDIS W PARKER SR	TAMPA, FL 33607				7323 DEL PARDO ISLADO					
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THE NOW!! FEE IS \$300.00 TILE OD HICKMAN, HARDIS W PARKER SF FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TILE OD HICKMAN, HAROLD STRETADORESS OITY-ST-2P TILE PD PARKER, MARDIS W SR Delete ITILE PD Addition NAME STRETADORESS OITY-ST-2P TILE DATE DATE DELET DEL	CAPECORAL 33990									
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MARDIS W PARKER SR 1-6-05 239-772-1115

SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date