

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000030805

1. Entity Name
SKETCHES, ETC., INC.



Principal Place of Business
3150 SOUTH GATE CR.
SARASOTA, FL 34239

Mailing Address
3150 SOUTH GATE CR.
SARASOTA, FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10142005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0586703

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

BROWNING, ROBERT W JR
1800 SECOND ST., SUITE 755
SARASOTA, FL 34236

Name Sherry Erb

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

3150 Southgate Circle

City Sarasota

FL

Zip Code 34231

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

Sherry Erb

(NOTE: Registered Agent signature required when reinstating)

DATE

11/11/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

800060867998

10/21/05--01053--012 **750.00

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS ERB, SHERRY
CITY-ST-ZIP 3150 SOUTH GATE CR.
SARASOTA, FL 34239

TITLE ☐ Delete
NAME VP
STREET ADDRESS ERB, SHERRY
CITY-ST-ZIP 3150 SOUTH GATE CR.
SARASOTA, FL 34239

TITLE ☐ Delete
NAME S
STREET ADDRESS ERB, SHERRY
CITY-ST-ZIP 3150 SOUTH GATE CR.
SARASOTA, FL 34239

TITLE ☐ Delete
NAME T
STREET ADDRESS ERB, SHERRY
CITY-ST-ZIP 3150 SOUTH GATE CR.
SARASOTA, FL 34239

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
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

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

REINSTATEMENT

05

T. Roberts NOV 18 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry Erb sherry Erb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/05 941 955-8955

FILE

Daytime Phone #