

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000053435

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** DOWNTOWN ENTERPRISES, INC.

**Current Principal Place of Business:**

915 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

905 S/E 9TH TERR.  
# A  
CAPE CORAL, FL 33990

**Current Mailing Address:**

915 COUNTRY CLUB BLVD.  
CAPE CORAL, FL 33990

**New Mailing Address:**

905 S/E 9TH TERR.  
# A  
CAPE CORAL, FL 33990

**FEI Number:** 65-0596572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LENZ, BRIAN  
4229 SW 19TH PLACE  
CAPE CORAL, FL 33914 US

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

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:** BRIAN LENZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LENZ, BRIAN  
**Address:** 4229 SW 19TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** D  
**Name:** LENZ, CHERIE  
**Address:** 4229 SW 19TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** D  
**Name:** BASLER, GRANT C  
**Address:** 905 S/E 9TH TERR #A  
**City-St-Zip:** CAPE CORAL, FL 33990

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:** CHERIE LENZ

D

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date