2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2007 JAN 23 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060615

1. Entity Name
DESROSIERS BROTHERS ENTERPRISES, INC.

Principal Place of Business
~~2560 WHITFIELD AVENUE~~
~~SARASOTA, FL 34243~~

Mailing Address
~~2560 WHITFIELD AVENUE~~
~~SARASOTA, FL 34243~~

01092007 REIN-P CR2E098 (11/05)

2. Principal Place of Business
5524 SAILFISH Court
Suite, Apt. #, etc.
City & State: PUNTA GORDA, FL
Zip: 33982 Country:

3. Mailing Address
2381 Fruitville Rd
Suite, Apt. #, etc.
City & State: SARASOTA, FL
Zip: 34237 Country:

4. FEI Number: 65-0650165 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PENDER JR, MICHAEL R
2381 FRUITVILLE RD
SARASOTA, FL 34237

7. Name and Address of New Registered Agent
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 $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 11	
TITLE	SD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DESROSIERS, JAMES	NAME	
STREET ADDRESS	~~1224 SHEEHAN BLVD.~~	STREET ADDRESS	114 PARADISE DRIVE
CITY-ST-ZIP	~~PORT CHARLOTTE, FL~~	CITY-ST-ZIP	HENDERSONVILLE, TN 37075
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DESROSIERS, STEVEN C	NAME	
STREET ADDRESS	5524 SAILFISH CT.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DESROSIERS, NORMAN C	NAME	600086469566
STREET ADDRESS	4315 HOMEWOOD ST.	STREET ADDRESS	01/30/07--01004--006 **300.00
CITY-ST-ZIP	CHARLOTTE HARBOR, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	B 1/26/07	NAME	PENDER, MICHAEL R. JR
STREET ADDRESS		STREET ADDRESS	2381 FRUITVILLE ROAD
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REINSTATEMENT	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael R Pender 1-23-07 941-366-2983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #