

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -9 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10252006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0664227

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

MUNOZ, PATRICIA R
1631 SW 19 ST
CAPE CORAL, FL 33991

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 \$150.00
After January 1, 2007, Fee will be \$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 PD ☐ Delete
NAME MUNOZ, PATRICIO X
STREET ADDRESS 1631 SW 19 ST
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE ☐ Change ☐ Addition
NAME 800081789828
STREET ADDRESS 11/15/06--01015--018 **150.00
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME MUNOZ, PATRICIA R
STREET ADDRESS 1631 SW 19 ST
CITY-ST-ZIP CAPE CORAL, FL 33991

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, without other like empowered.

SIGNATURE:

Patricia Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/06 (239) 5400179
Date Daytime Phone #