2005 FOR PROFIT CORPORATION REINSTATEMENT

114.0 RESERVICE AVENUE CRANSTON, RI 02920  1. Principal Piece of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc	DOCUMENT # P96000079445						F12 4111: 53		
2. Principal Place of Business  Suite. Apt. #. otic.  Suite. Apt.			C.	;		)	05 AS	PR 25 " ATE	AÖ
2. Principal Place of Business  Suite. Apt. #. otic.  Suite. Apt.	Principal Place of Business		Mailing Address	I			SEV	AHASSELL	
Suite. Apt. #. etc.  Suite. Apt. #. etc.  Suite. Apt. #. etc.  O331205 REIN-P CR2E098 (6704)  Zip Country Zip Country Zip State  1. FEH Number O5-0493185 REIN-P CR2E098 (6704)  Zip Country Zip Country Zip State  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Tee Required					منعد	+			2 <i>5</i>
CREEGES (BLOP)  CREATERS AND DIRECTORS IT.  A. FEIL NAMES  CRIN STREET AND DIRECTORS IT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  FILE NOW!!! FEE IS \$900.00  FILE NOW!! FEE IS \$900.00  FILE NOW! FEE IS	2. Principal Place of Business		3. Mailing Address						
DS-0493185   Not Apple   December   Decemb	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03312005 F	EIN-P	CR2E098 (6/04)	
2/p   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional   S8.	City & State		City & State				5	Applied For Not Applica	
Street Address (P.C. Box Numbur is Not Acceptable)	Zip	Country	Zip	Countr	гу	1		□ \$8.75 Additi	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  International Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  Ci		6. Name and Address of Current	t Registered Agent		Name	7. Name and Add	ress of New	Registered Agent	
The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as Brian Courtney Asst. V. Pres.    Parian Courtney Asst. V. Pres.	1201 HAYS	SSTREET				(P.O. Box Number is t	Not Acceptab	le)	<del></del>
Brian Courtney Asst. V. Pres  Ind Use of agrolicable (NOTE: Registered Agreet signature required when nativatating)  DATE  PROCACCIANTI, ELIZABETH INTER MANE SIREE ADDRESS ITH ST. P. CRANSTON, RI  INTER MANE SIREE ADDRESS ITH ST. P. Defete  INTE. SIREE ADDRESS ITH ST. P. Defete SIREE A	,				City			FL Zip Code	
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INME INMET ADDRESS IT/T-ST-ZIP ITILE IMME IMME IMME INMET ADDRESS IT/T-ST-ZIP ITILE IMME IMME IMME IMME IMME IMME IMME I		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	NGES TO OF	FICERS AND DIRECTORS I	IN 11
NAME STREET ADDRESS S	IAME ITREET ADDRESS	PROCACCIANTI, ELIZABETH 1140 RESERVOIR AVE.	☐ Delete	NAME STREE	T ADDRESS			☐ Change	☐ Addit
NAME SIREET ADDRESS CITY-ST-ZIP  ITLE MAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET	IAME STREET ADDRESS		☐ Delete	name Stree	T ADORESS	<b>30</b> 0 05/12/0	00 <b>54</b> 50107	□ Change 339553 '2002 **900.	□ Addit
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INTE.  INAME  IREET ADDRESS  ITY-ST-ZIP  2. I hereby certify that the information supplied with this filting does not goally for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receipt of rhouse employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with a Agrifyst, with all other the empowered.  SIGNATURE:	ame Treet address		☐ Delete	TITLE NAME STREET	T ADDRESS			☐ Change	☐ Addi
SIGNATURE:			☐ Delete	TITLE				☐ Change	☐ Addi
SINAND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayting Phone #	TREET ADDRESS								

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