2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED
04 OCT 22 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200042098522
10/22/04--01017--018 **158.75
REINSTATEMENT 04
10192004 REIN-P CR2E098 (6/04)

DOCUMENT # P97000007498

1. Entity Name
CUSUMANO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
141 E. TALL OAKS CIR PALM BEACH GARDENS, FL 33410 US	141 E. TALL OAKS CIR PALM BEACH GARDENS, FL 33410 US

2. Principal Place of Business: 171 E. TALL OAK CIR	3. Mailing Address: SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GDNS, FL	City & State
Zip: 33410 Country: US	Zip Country

4. FEI Number: 65-0725290 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CUSUMANO, ROBERT L
~~6642 141ST LANE~~
~~NORTH PALM BEACH, FL 33418~~
41 GRAND BAY CIRCLE
JUNO BEACH, FL 33408

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 Robert L Cusumano — DATE 10/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, 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

TITLE	P	☐ Delete
NAME	CUSUMANO, ROBERT L	
STREET ADDRESS	41 GRAND BAY CIR	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	ST	☐ Delete
NAME	SHORT, MARIANNE	
STREET ADDRESS	171 E. TALL OAKS CIR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 ☐ Change ☐ Addition

I never rec'd this form — make note of mailing address of Corporation.

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: Marianne Short — Date 10/19/04 — Daytime Phone # 561-626-7974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR