


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000013069	
1. Entity Name PHILIP CROSBY ASSOCIATES II, INC.	

FILED

07 AUG -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1954 HOWELL BRANCH ROAD SUITE 203 WINTER PARK, FL 32792 US	Mailing Address 164 PALMER AVE WINTER PARK, FL 32789 US
---	---



2. Principal Place of Business - No P.O. Box # 2651 Maitland Crossing Way Suite, Apt. #, etc. #6-107 City & State Orlando, FL Zip 32810 Country USA	3. Mailing Address 2651 Maitland Crossing Way Suite, Apt. #, etc. #6-107 City & State Orlando, FL Zip 32810 Country USA
--	--

07242007 REIN-P CR2E098 (1/07)

4. FEI Number 59-3435664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMM, WILLIAM A 301 EAST PINE STREET SUITE 1400 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Peggy D. Crosby Street Address (P.O. Box Number is Not Acceptable) 2651 Maitland Crossing Way #6-107 City Orlando FL Zip Code 32810	

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 Peggy D. Crosby Peggy D. Crosby 7/27/07
Signature, typed or printed name of registered agent and file 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 NAME STREET ADDRESS CITY-ST-ZIP	P CROSBY, PHYLIS B 1861 MCKELVEY GREENBACK, TN 37742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crosby-Wright Phylis 6351 Pasilla Rd., NE Rio Rancho, NM 87144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSBY, PEGGY D P. O. BOX 1927 N/A WINTER PARK, FL 32790 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Crosby, Peggy D. 2651 Maitland Crossing Way #6-107 Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300107550123 08/08/07--01047--011 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300107550123 08/08/07--01047--012 **\$8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peggy D. Crosby Peggy D. Crosby 7/27/07 407/222-5180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #