

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000041034

1. Entity Name
FOCUS LIMITED INC.



Principal Place of Business
725 N TYNDALL PKWY
CALLAWAY, FL 32404 US

Mailing Address
1232 PLANTATION DR
CALLAWAY, FL 32404 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3454425

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

WHALEY, MARIE
2129 S TYNDALL PARKWAY
CALLAWAY, FL 32404

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 D ☐ Delete
NAME PENDERGRAST, THOMAS L
STREET ADDRESS 725 N. TYNDALL PKWY.
CITY-ST-ZIP CALLAWAY, FL 32404

TITLE ☐ Change ☐ Addition
NAME 800080880908
STREET ADDRESS 10/16/06--01048--028
CITY-ST-ZIP **150.00

TITLE D ☐ Delete
NAME PENDERGRAST, JUDITH
STREET ADDRESS 725 N. TYNDALL PKWY.
CITY-ST-ZIP CALLAWAY, FL 32404

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

TITLE D ☐ Delete
NAME PENDERGRAST, MATTHEW
STREET ADDRESS 725 N. TYNDALL PKWY.
CITY-ST-ZIP CALLAWAY, FL 32404

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

TITLE D ☐ Delete
NAME PENDERGRAST, JESSE
STREET ADDRESS 725 N. TYNDALL PKWY.
CITY-ST-ZIP CALLAWAY, FL 32404

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-06 850-874 9803

Date

Daytime Phone #