

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000084632

**FILED**  
**Nov 15, 2012**  
**Secretary of State**

**Entity Name:** CURB IT, INC.

**Current Principal Place of Business:**

4362 HIDDEN RIVER RD  
SARASOTA, FL 34240

**New Principal Place of Business:**

4436 WILKINSON RD..  
SARASOTA, FL 34233

**Current Mailing Address:**

5317 FRUITVILLE RD  
PMB #152  
SARASOTA, FL 34232

**New Mailing Address:**

4436 WILKINSON RD..  
SARASOTA, FL 34233

**FEI Number:** 65-0788250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONRAD, VERLE L  
4362 HIDDEN RIVER ROAD  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

CONRAD, VERLE L  
4436 WILKINSON RD.  
SARASOTA, FL 34233 US

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.

SIGNATURE: VERLE L. CONRAD

11/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: CONRAD, VERLE L  
Address: 4436 WILKINSON RD.  
City-St-Zip: SARASOTA, FL 34233

Title: P  
Name: CONRAD, JACOB D  
Address: 4447 WILKINSON RD.  
City-St-Zip: SARASOTA, FL 342433 US

Title: S/T  
Name: CONRAD-SEXTON, ALISHA  
Address: 4436 WILKINSON RD.  
City-St-Zip: SARASOTA, FL 34233 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERLE L. CONRAD

VP

11/15/2012

Electronic Signature of Signing Officer or Director

Date