

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000027742

FILED
Jan 16, 2006
Secretary of State

Entity Name: FLORIDA SPRAY SYSTEMS CORPORATION

Current Principal Place of Business:

5174 MABRY DRIVE
NAPLES, FL 34112

New Principal Place of Business:

2859 TIBURON BLVD. E
#103
NAPLES, FL 34109

Current Mailing Address:

5174 MABRY DRIVE
NAPLES, FL 34112

New Mailing Address:

2859 TIBURON BLVD. E
#103
NAPLES, FL 34109

FEI Number: 52-2091413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEDONE, BARBARA
5174 MABRY DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

PEDONE, BARBARA
2859 TIBURON BLVD. E
#103
NAPLES, FL 34109 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: BARBARA PEDONE

01/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PEDONE, BARBARA
Address: 5174 MABRY DR
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: PEDONE, MICHAEL
Address: 5174 MABRY DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PEDONE, BARBARA
Address: 2859 TIBURON BLVD. E #103
City-St-Zip: NAPLES, FL 34109

Title: VP (X) Change () Addition
Name: PEDONE, MICHAEL
Address: 2859 TIBURON BLVD. E #103
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL PEDONE

VP

01/16/2006

Electronic Signature of Signing Officer or Director

Date