


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000088136</b>		
1. Entity Name SANDRA STINCHFIELD, PA		

FILED  
06 JUL -6 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06202006 REIN-P CR2E098 (11/05)

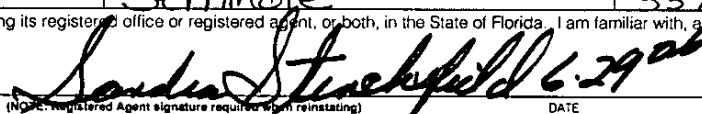
Principal Place of Business 12501 ULMERTON ROAD LOT #8 LARGO, FL 33774	Mailing Address 12501 ULMERTON ROAD LOT #8 LARGO, FL 33774
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2. Principal Place of Business 14124 87th Ave Suite, Apt. #, etc.	3. Mailing Address 14124 87th Ave Suite, Apt. #, etc.
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City & State Seminole FL	City & State Seminole FL	4. FEI Number 59-3537133	Applied For Not Applicable
Zip 33776	Country USA	Zip 33776	Country USA

6. Name and Address of Current Registered Agent STINCHFIELD, SANDRA 12501 ULMERTON ROAD LOT #8 LARGO, FL 33774		7. Name and Address of New Registered Agent Name Sandra Stinchfield Street Address (P.O. Box Number is Not Acceptable) 14124 87th Ave City Seminole FL Zip Code 33776	
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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  DATE 6-29-06

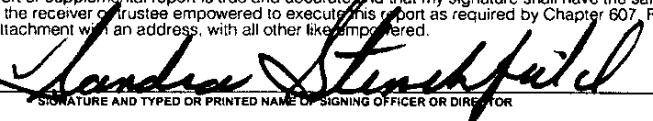
Signature, typed or printed name of registered agent and title if applicable (None: Registered Agent signature required upon reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINCHFIELD, SANDRA 12501 ULMERTON RD #8 LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stinchfield Sandra 14124 87th Ave Seminole FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address)
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
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
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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

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07/12/06--01017--016 \*\*300.00

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  DATE 6-29-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR