

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000101651

1. Entity Name
FEDAG II, INC.



FILED
05 FEB 23 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5770 W. IRLE BRONSON HWY.
STE 130
KISSIMMEE, FL 34746

Mailing Address
5770 W. IRLE BRONSON HWY.
STE 130
KISSIMMEE, FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
59-3551209

Applied For
Not Applicable

Zip Country

Zip Country

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

MARION, FRED
5770 W. IRLO BRONSON HWY.
STE 130
KISSIMMEE, FL 34746

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

2-22-05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MARION, FRED
STREET ADDRESS 2725 CANOE CREEK
CITY-ST-ZIP ST. CLOUD, FL 34772

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

TITLE DS ☐ Delete
NAME MARION, ANNE M
STREET ADDRESS 2725 CANOE CREEK RD.
CITY-ST-ZIP SAINT CLOUD, FL 34772

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

TITLE TD ☐ Delete
NAME YATES, KEVIN
STREET ADDRESS 2725 CANOE CREEK RD.
CITY-ST-ZIP SAINT CLOUD, FL 34772

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

TITLE VD ☐ Delete
NAME DAWSON, LIN
STREET ADDRESS 300 FRENCHMAN'S BLUFF
CITY-ST-ZIP CARRY, NC

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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

2-22-05