


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 15 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037433			
1. Entity Name G.W. PLOSSL AND CO., INC.			
Principal Place of Business 13652 PINE VILLA LANE FORT MYERS, FL 33912		Mailing Address 13652 PINE VILLA LANE FORT MYERS, FL 33912	
2. Principal Place of Business 12800 University Drive Suite, Apt. #, etc. Suite 125 City & State Fort Myers, FL Zip 33907 Country USA		3. Mailing Address 12800 University Drive Suite, Apt. #, etc. Suite 125 City & State Fort Myers, FL Zip 33907 Country USA	
4. FEI Number 06-0851529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PLOSSL, MARION L 13652 PINE VILLA LANE FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive, Suite 125 c/o Chris Gair City Ft. Myers FL Zip Code 33907	
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 <u>Robert O. Smith, Jr.</u> Signature, typed or printed name of registered agent and title if applicable		DATE <u>October 19, 2005</u> DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD PLOSSL, MARION L 13652 PINE VILLA LANE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Plossl, Marion L 12800 University Drive, Suite 125 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOSSL, KEITH R 3431 WINFAIR PLACE MARIETTA, GA 30062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060867676 10/21/05--01053--009 ***150.00 <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
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 information.			
SIGNATURE: <u>Robert O. Smith, Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>Oct. 19, 2005</u> Date Daytime Phone #	