

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 APR -4 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06 RSC



DOCUMENT # P99000040316					
1. Entity Name S G P ENTERPRISES, INC.					
Principal Place of Business 6434 W. LAKE WORTH RD. LAKE WORTH, FL 33463			Mailing Address 6434 W. LAKE WORTH RD. LAKE WORTH, FL 33463		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0916927			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			Additional Fee Required \$8.75		
6. Name and Address of Current Registered Agent BADALAMENTI, SALVATORE 7066 GENEVA LAKES CT LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent		
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 this is applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BADALAMENTI, GIUSEPPE		NAME		
STREET ADDRESS	7479 RIDGEFIELD LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BADALAMENTI, PIETRO		NAME		
STREET ADDRESS	7101 LOCKWOOD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BADALAMENTI, SALVATORE		NAME		
STREET ADDRESS	7066 GENEVA LAKES CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 addressee with all other like employed.					
SIGNATURE <i>Sal Badalamenti</i>			3/30/06 (501) 964-1583		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		