

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL 31 AM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041958

1. Entity Name
ST. ANTHONY AND MOSES ENTERPRISES, INC.



Principal Place of Business
3 KINGS WAY
PALM COAST, FL 32137

Mailing Address
49 WESTFORD LANE
PALM COAST, FL 32164

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

07102007

REIN-P

CR2E098 (1/07)

4. FEI Number

59-3586940

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEBERG, JOSEPH K
4 OFFICE/PARK DRIVE STE 260-C
PALM COAST, FL 32137

SYLVIA ABDEL-
MALIK
49 WESTFORD
LN.
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name SYLVIA ABDELMALIK
Street Address (P.O. Box Number is Not Acceptable)
PRESIDENT (OWNER OF THE CORP.)
49 WESTFORD LN.
City PALM COAST FL Zip Code 32164

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 (if 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABDELMALIK, SYLVIA	
STREET ADDRESS	49 WEST FORD LN.	
CITY- ST- ZIP	PALM COAST, FL 32164	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TADROUS, MACDY	
STREET ADDRESS	49 WEST FORD LN.	
CITY- ST- ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300106977273
STREET ADDRESS	07/31/07--01021--004 **300.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300106977273
STREET ADDRESS	07/31/07--01021--005 **8.75
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SYLVIA ABDELMALIK 7/19/07

(386) 446-9548

8/10