

# 004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000064262

1. Entity Name  
OUTHOUSE PORTABLE RESTROOMS, INC.



Principal Place of Business  
1960 SOUTH PONCE DE LEON BLVD. PMB 96  
ST. AUGUSTINE, FL 32086

Mailing Address  
1960 SOUTH PONCE DE LEON BLVD. PMB 96  
ST. AUGUSTINE, FL 32086

**FILED**  
05 JAN -4 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12012004 REIN-P CR2E098 (6/04)

2. Principal Place of Business  
2820 PLEASURE LN  
Suite, Apt. #, etc.

3. Mailing Address  
2820 PLEASURE LN  
Suite, Apt. #, etc.

City & State  
ST AUGUSTINE FL

Zip  
32084

Country  
USA

4. FEI Number  
59-3587026

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PACETTI, KELLIE B  
2820 PLEASURE LANE  
ST. AUGUSTINE, FL 32084

## 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 *Kellie B. Pacetti*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SPD  
PACETTI, ALLEN D  
2820 PLEASURE LANE  
ST. AUGUSTINE, FL 32095

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DVT  
PACETTI, KELLIE B  
2820 PLEASURE LANE  
ST. AUGUSTINE, FL 32095

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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**REINSTATEMENT**

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 persons empowered.

SIGNATURE: *Kellie B. Pacetti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-04 904-829-1680  
Date Daytime Phone #