

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 29 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 REIN-P CR2E098 (1/07)

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P99000072348 | | | | | |
| 1. Entity Name MABBETTE STREET BUSINESS CENTRE, INC. | | | | | |
| Principal Place of Business 3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 US | | | Mailing Address 3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 US | | |
| 2. Principal Place of Business - No P.O. Box # 3630 Miriam Dr. | | 3. Mailing Address 3630 Miriam Dr. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Titusville, FL | | City & State Titusville, FL | | 4. FEI Number 59-3591141 | |
| Zip 32796 | | Country Brevard | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent O'SHAUGHNESSY, ROSEMARIE 3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Judith R. Pahmeier | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | 3630 Miriam Dr. | | |
| City | | | Titusville FL Zip Code 32796 | | |
| 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 <i>Judith R. Pahmeier</i> | | | | DATE <i>Oct. 27, 2008</i> | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O O'SHAUGHNESSY, ROSEMARIE 3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PID Judith R. Pahmeier 3630 Miriam Dr. Titusville FL 32796 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 400137436344 10/29/08--01043--002 **750.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <i>Judith R. Pahmeier</i> | | | | DATE: <i>Oct. 27, 2008</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |