

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

06 JAN 23 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S13784

1. Entity Name  
SAFFRONS, INC.



Principal Place of Business  
% EDYTH JAMES  
1700 PARK STREET N.  
ST. PETERSBURG, FL 33710

Mailing Address  
% EDYTH JAMES  
1700 PARK STREET N.  
ST. PETERSBURG, FL 33710

2. Principal Place of Business  
1700 PARK STREET N  
Suite, Apt. #, etc.

3. Mailing Address  
1700 PARK STREET N  
Suite, Apt. #, etc.



**REINSTATEMENT**

05-06

City & State  
St. Petersburg, FL  
Zip  
33710  
Country  
Pinellas

City & State  
St. Petersburg, FL  
Zip  
33710  
Country  
Pinellas

4. FEI Number  
59-3034230

Not Applicable

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

6. Name and Address of Current Registered Agent  
JAMES, EDYTH  
1700 PARK STREET N.  
ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent  
Name  
EDYTH JAMES  
Street Address (P.O. Box Number is Not Acceptable)  
1700 PARK STREET N  
Apt. 101  
City  
St. Petersburg FL Zip Code  
33710

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, EDYTH 6501 34 TERR N. ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY, LEONARD 6501 34 TERR N. ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete <i>deceased</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, EDYTH 1700 PARK STREET N ST. PETERSBURG FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600085828555 02/14/06--01033--004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

727 3456400

Daytime Phone #

*[Signature]* JAN 25 2006