


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V06354		
1. Entity Name ON THE RUN OF SOUTHWEST FLORIDA, INC.		

Principal Place of Business 2128 9TH ST. NORTH NAPLES, FL 34102	Mailing Address 2128 9TH ST. NORTH NAPLES, FL 34102
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent LOCKER, JOSEPH R JR 3401 TAMMIAN TRAIL NORTH SUITE 207 NAPLES, FL 34102	
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7. Name and Address of New Registered Agent KENNETH R. JOHNSON Goodletts Column Johnson, P.A. 4001 TAMMIAN TRAIL NORTH #300 NAPLES, FL 34103	
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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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORGART, MITCHELL L. 224 6TH AVE SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEINHOLZ, ARTHUR 224 6TH AVE SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, PERRY 224 6TH AVE SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONDANVILLE, GEORGE 2460 14TH STREET N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [Blank] [Blank] [Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [Blank] [Blank] [Blank]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 000081184160 10/25/06--01026--023 **150.00	
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FILED
2006 NOV 27 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10232006 REIN-P CR2E098 (11/05)

4. FEI Number 65-0329448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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.	
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SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/06 **219-434-9786**
Daytime Phone #