

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V16499

FILED  
Jun 14, 2005  
Secretary of State

Entity Name: PAUL STICHTER ENTERPRISES, INC.

## Current Principal Place of Business:

13834 NW 22 ND CT  
ARLINGTON, VA 22212 US

## New Principal Place of Business:

13834 NW 22 ND CT  
SUNRISE, FL 33323 US

## Current Mailing Address:

13834 NW 22 ND CT  
ARLINGTON, VA 22212 US

## New Mailing Address:

13834 NW 22 ND CT  
SUNRISE, FL 33323 US

FEI Number: 65-0335468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STICHTER, PAUL  
13834 NW 22ND CT  
FORT LAUDERDALE, FL 33323 US

## Name and Address of New Registered Agent:

STICHTER, PAUL  
13834 NW 22ND CT  
SUNRISE, FL 33323 US

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.

SIGNATURE: PAUL STICHTER

06/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: STICHTER, PAUL  
Address: 13834 NW 22 CT  
City-St-Zip: SUNRISE, FL 33323

Title: VPT ( ) Delete  
Name: STICHTER, BRIAN  
Address: 13834 NW 22 CT  
City-St-Zip: SUNRISE, FL 33323

Title: VPS ( ) Delete  
Name: STICHTER, KEVIN  
Address: 13834 NW 22 CT  
City-St-Zip: SUNRISE, FL 33323

Title: VP ( ) Delete  
Name: CINDY, PARISI  
Address: 6731 NW 22 CT  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL STICHTER

PRES

06/14/2005

Electronic Signature of Signing Officer or Director

Date