2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# V16499

Entity Name: PAUL STICHTER ENTERPRISES, INC.

Current Principal Place of Business:

13834 NW 22 ND CT
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

13834 NW 22 ND CT
SUNRISE, FL 33323 US

New Mailing Address:

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
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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
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 (X) 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 exemption stated 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 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 PC 01/30/2009
Electronic Signature of Signing Officer or Director Date