

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV - 1 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V38192					
1. Entity Name ROBERT OWENS, INC.					
Principal Place of Business 17600 GULF BLVD. REDINGTON BEACH, FL 33708			Mailing Address 17600 GULF BLVD. REDINGTON BEACH, FL 33708		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10870 57th AVE N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Seminole, FL		4. FEI Number 59-3124623	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 33772		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  THE BURKE COMPANY C/O CINDY STEPP 1100 CENTRAL AVE SAINT PETERSBURG, FL 33707			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, ROBERT 17600 GULF BLVD. REDINGTON BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  700111590957 11/01/07---01043---009 **150.00	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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: <u>Robert Owens</u>			Date: <u>10/30/07</u>		Daytime Phone #

11/06