


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
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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
Zip	Country
33772	USA



10122007 REIN-P CR2E098 (1/07)

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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		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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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: Robert Owens 10/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #