## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# V64930

Title:

Name:

Address: City-St-Zip:

FILED Jan 22, 2008 Secretary of State

Entity Name: COLE ENTERPRISES, LTD., INC. **Current Principal Place of Business: New Principal Place of Business:** 11710 TOM FOLSOM RD THONOTOSASSA, FL 33592 **Current Mailing Address: New Mailing Address:** 11710 TOM FOLSOM RD 4935 POND RIDGE DRIVE THONOTOSASSA, FL 33592 US RIVERVIEW, FL 33578 FEI Number: 59-3149157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLE, ROBERT L SR 11710 TOM FOLSOM ROAD THONOTOSASSA, FL 33592 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: ROBERT L COLE, SR 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition COLE, ROBERT L SR Name: Name: 11710 TOM FOLSOM RD Address: Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: VD Title: Title: () Delete (X) Change ( ) Addition Name: COLE, MADALYN Name: COLE, MADALYNE 11710 TOM FOLSOM ROAD 11710 TOM FOLSOM ROAD Address: Address: THONOTOSASSA, FL 33592 THONOTOSASSA, FL 33592 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition SD ( ) Delete Title: SD COLE, TODD COLE, TODD D Name: Name: 11710 TOM FOLSOM ROAD 4935 POND RIDGE DRIVE Address: Address: THONOTOSASSA, FL 335929 City-St-Zip: RIVERVIEW, FL 33578 City-St-Zip: Title: SD () Delete Title: () Change () Addition COLE, JAMES Name: Name: Address: 11710 TOM FOLSOM ROAD Address: City-St-Zip: THONOTOSASSA, FL 33592 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L COLE, SR PD 01/22/2008

() Delete

COLE, ANTHONY (TONY)

11710 TOM FOLSOM ROAD

THONOTOSASSA, FL 33592

(X) Change ( ) Addition

COLE, ANTHONY J SR

11710 TOM FOLSOM ROAD

THONOTOSASSA, FL 33592