

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 29 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000072348

1. Entity Name
MABBETTE STREET BUSINESS CENTRE, INC.

Principal Place of Business 3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 US	Mailing Address 3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 US
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2. Principal Place of Business - No P.O. Box # 3630 Miriam Dr.	3. Mailing Address 3630 Miriam Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10272008 REIN-P CR2E098 (1/07)

City & State Titusville, FL	City & State Titusville, FL	4. FEI Number 59-3591141	Applied For <input type="checkbox"/> Not Applicable
Zip 32796	Country Brevard	Zip 32796	Country Brevard

6. Name and Address of Current Registered Agent

O'SHAUGHNESSY, ROSEMARIE
3601 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name **Judith R. Pahmeier**

Street Address (P.O. Box Number is Not Acceptable)
3630 Miriam Dr.

City **Titusville** FL Zip Code **32796**

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: Judith R. Pahmeier DATE: Oct. 27, 2008

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	O'SHAUGHNESSY, ROSEMARIE <input checked="" type="checkbox"/> Delete	TITLE PID	Judith R. Pahmeier <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SHAUGHNESSY, ROSEMARIE	NAME	Judith R. Pahmeier
STREET ADDRESS	3601 SOUTH ORANGE BLOSSOM TRAIL	STREET ADDRESS	3630 Miriam Dr.
CITY-ST-ZIP	KISSIMMEE, FL 34746	CITY-ST-ZIP	Titusville, FL 32796
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 2008

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: Judith R. Pahmeier DATE: Oct. 27, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #