2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

REINSTATEMENT 04

12162004 REIN-P CR2E098 (6/04)

DOCUMENT # K72684

1. Entity Name
MONTE R. SHOEMAKER P.A.

Principal Place of Business	Mailing Address
% MONTE R. SHOEMAKER 714 BALLARD ST. ALTAMONTE SPRINGS, FL 32701-5402	% MONTE R. SHOEMAKER 714 BALLARD ST. ALTAMONTE SPRINGS, FL 32701-5402

2. Principal Place of Business		3. Mailing Address	
714 Ballard St.		Post Office Box 151057	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Altamonte Springs, FL		City & State: Altamonte Springs, FL	
Zip: 32701	Country: Seminole	Zip: 32715	Country: Seminold

4. FEI Number: 59-2937288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOEMAKER, MONTE R. 714 BALLARD ST ALTAMONTE SPRINGS, FL 32715-1320	Name: N/A 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 [signature] 12-16-04
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, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	700043533	☐ Change ☐ Addition
NAME	SHOEMAKER, MONTE R.		NAME	12/20/04--01062--013 **750.00	
STREET ADDRESS	714 BALLARD ST.		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Monte R. Shoemaker [signature] 12/16/04 407-332-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #