2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000132540

1. Entity Name
CHEROKEE DIVISIONS INC.

FILED
04 DEC 13 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1390 PLUM AVENUE MERRITT ISLAND, FL 32952	POST OFFICE BOX 540721 MERRITT ISLAND, FL 32954

12012004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 113665862 ☐ 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
LANGSTON, WILLIAM D JR. 1390 PLUM AVENUE MERRITT ISLAND, FL 32952	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 ____________________
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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete LANGSTON, WILLIAM D JR. 1390 PLUM AVENUE MERRITT ISLAND, FL 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200043370342 12/13/04--01063--018 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________________ 12/9/04 321 302 3365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cherokee Divisions, Inc.
P. O. Box 540721
Merritt Island, FL 32954

December 9, 2004

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attn: Corporation Reinstatement

Gentlemen:

I am writing pursuant to a telephone conversation I had today with your office. I experienced disruption and damage to my business during the several hurricanes this area sustained this summer, and therefore my corporate annual report was not filed on time.

I was told by your office that if I sent $150.00 and the Reinstatement form with a letter explaining the delay due to hurricane troubles, my corporation would be reinstated. Enclosed is the check and the form.

Thank you for your understanding in this matter.

Sincerely,

William D. Langston, Jr.
President