2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016964

1. Entity Name
PRESSURE PRO OF JACKSONVILLE, INC.

FILED
05 MAY 16 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4422 MILLSTONE COURT JACKSONVILLE, FL 32257	4422 MILLSTONE COURT JACKSONVILLE, FL 32257

04292005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
2640 Scott Mill Dr.	P.O. Box 231664
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32223 Country: USA	Zip: 32241-3164 Country: USA

4. FEI Number: 51-0444473 ☐ 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
KELLEY, SCOTT J 4422 MILLSTONE COURT JACKSONVILLE, FL 32257	Name: Kelley, Scott J. Street Address (P.O. Box Number is Not Acceptable): 2640 Scott Mill Dr. City: Jacksonville FL Zip Code: 32223

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: Scott J. Kelley CEO 04/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD KELLEY, SCOTT J 4422 MILLSTONE COURT JACKSONVILLE, FL 32257	☐ Delete	PTD Kelley, Scott J. 2640 Scott Mill Dr. Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD KELLEY, BETH A 4422 MILLSTONE COURT JACKSONVILLE, FL 32257	☐ Delete	VSD Kelley, Beth A. 2640 Scott Mill Dr. Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600055376466 05/26/05--01052--017 **308.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Beth A. Kelley Scott J. Kelley CEO 04/29/05 904-880-3047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #