2004 FOR PROFIT CORPOR TION REINSTATEMENT

FILED **DOCUMENT # P03000142196** 1. Entity Name STEPHEN E. LUNDY INC. 04 OCT 25 PM 3:41 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2525 MALABAR RD. 2525 MALABAR RD. MALABAR, FL 32950 MALABAR, FL 32950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State ✗ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUNDY, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2525 MALABAR RD. MALABAR, FL 32950 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 registered agent. STEVE LUNDY 10-21-04 at agent and title it app FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE Oelete TITLE ☐ Addition Change LUNDY, STEPHEN NAME NAME STREET ADDRESS 2525 MALABAR RD. STREET ADDRESS CITY-ST-ZIP MALABAR, FL 32950 CITY-ST-ZIP D TITLE ☐ Delete ☐ Change ☐ Addition LUNDY, STEPHEN NAME NAME 600042160366 10/25/04--01068--012 **750.00 STREET ADDRESS 2525 MALABAR RD. STREET ADDRESS CITY+ST-ZIP MALABAR, FL 32950 CITY - ST - ZIP TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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. TURE AND TYPEU OR PRINTED NAM FOFSIGNING OFFICER OR DIRECTOR