


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
 06 JAN -9 AM 9:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000065171</b> 1. Entity Name <b>S. TAYLOR, INC.</b>	
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Principal Place of Business <b>2582 S MAGUIRE RD #143 OCOE, FL 34761</b>	Mailing Address <b>2582 S MAGUIRE RD #143 OCOE, FL 34761</b>
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2. Principal Place of Business <b>1803 Crown Way</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>1803 Crown Way</b> <small>Suite, Apt. #, etc.</small>
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01032006 REIN-P CR2E098 (11/05)

City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>	4. FEI Number <b>02-0724101</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32804</b>	Country <b>USA</b>	Zip <b>32804</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

TAYLOR, SAMARA  
 2582 S MAGUIRE RD  
 #143  
 OCOEE, FL 34761

**7. Name and Address of New Registered Agent**

Name **Jerry L. Stanford, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1803 Crown Way**  
 City **Orlando** **FL** Zip Code **32804**

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 *Jerry L. Stanford* DATE **1-3-06**

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

**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**

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, SAMARA	
STREET ADDRESS	2582 S MAGUIRE RD #143	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SAMARA	
STREET ADDRESS	1803 Crown Way	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry L. Stanford	
STREET ADDRESS	1803 Crown Way	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 05-06

T. Roberts JAN 11 2006

600064015376  
01/19/06--01007--015 \*\*300.00

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: *Jerry L. Stanford* DATE: **1-3-06** 407-648-9695

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