

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000035477

1. Entity Name
SHURDOM AGENCY, INC.



FILED
05 OCT -7 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7339 E COLONIAL DRIVE
STE 8
ORLANDO, FL 32807

Mailing Address
7339 E COLONIAL DRIVE
STE 8
ORLANDO, FL 32807



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10052005 REIN-P CR2E098 (6/04)

City & State
Zip Country

4. FEI Number
59-3314355

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SHURDOM, JULIA M
7339 E COLONIAL DRIVE
ORLANDO, FL 32807

7. Name and Address of New Registered Agent
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 *Julia M Shurdom* DATE 10/5/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	P SHURDOM, YANAL A. <input type="checkbox"/> Delete 7339 E COLONIAL DRIVE, STE 8 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHURDOM, JULIA M. <input type="checkbox"/> Delete 7339 E COLONIAL DRIVE, STE 8 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SHURDOM, JEANETTE Y. <input type="checkbox"/> Delete 7339 E COLONIAL DRIVE, STE 8 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060352641 10/07/05--01038--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10/10</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Julia M Shurdom* DATE 10/4/05 DAYTIME PHONE # 407-384-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR