


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000033856 1. Entity Name 81 AND 3 OF FLORIDA INC.	
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Principal Place of Business 6495 TRANSIT RD. BOWMANVILLE, NY 14026	Mailing Address 6495 TRANSIT RD BOWMANVILLE, NY 14026
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED
05 OCT 31 AM 11: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0675513	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUMMER, DONALD 4400 PGA BLVD. SUITE 800 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Joseph A Cypolla* PRESIDENT 10/25/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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.
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> T RIPPER, MARY M 6390 FOX RUN CIRCLE JUPITER, FL </td> <td style="width: 20%; text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> </table>	T RIPPER, MARY M 6390 FOX RUN CIRCLE JUPITER, FL	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> 500061042315 10/31/05--01042--003 **150.00. </td> <td style="width: 20%; text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	500061042315 10/31/05--01042--003 **150.00.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph A Cypolla* PRESIDENT 10/25/05 716-684-9000
Signature typed or printed name of signing officer or director Date Daytime Phone #