
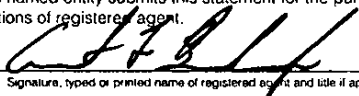
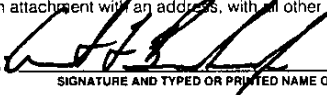


**2005 FOR-PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P03000113405 1. Entity Name A F B T, INC.				FILED 05 MAY 24 PM 3:57 TALLAHASSEE, FLORIDA REINSTATEMENT 04-05 JUN 01 2005	
Principal Place of Business 9563 GLENN ABBEY WAY JACKSONVILLE, FL 32256		Mailing Address 9563 GLENN ABBEY WAY JACKSONVILLE, FL 32256			
2. Principal Place of Business 3138 Hodges Blvd. Suite, Apt. #, etc.		3. Mailing Address 3138 Hodges Blvd. Suite, Apt. #, etc.			
City & State JACKSONVILLE, Florida Zip 32224		City & State JACKSONVILLE, Florida Zip 32224		4. FEI Number 20-0297884	
Country USA		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent BARBOUR, AUSTIN F JR 9563 GLENN ABBEY WAY JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3138 Hodges Blvd. City JACKSONVILLE FL Zip Code 32224		
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 		Austin F. Barbour Jr		DATE	
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	PSTD BARBOUR, AUSTIN F JR 9563 GLENN ABBEY WAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3138 Hodges Blvd. JACKSONVILLE, FL 32224			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 		Austin F. Barbour Jr		Date 9/8/24/2533	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	