


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 136239		
1. Entity Name UNADILLA CORPORATION		

Principal Place of Business 112 N FLA AVE DELAND, FL 32720	Mailing Address 112 N FLA AVE DELAND, FL 32720
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

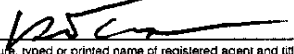
FILED
05 SEP 30 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent Richard W. Taylor TAYLOR, SIDNEY H 818 OAK TREE TERRACE DELAND, FL 32720		7. Name and Address of New Registered Agent Name Richard W. Taylor Street Address (P.O. Box Number is Not Acceptable) 112 N. Florida Ave City DeLand FL Zip Code 32720	
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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.

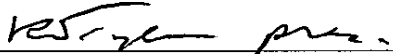
SIGNATURE  DATE **30 Sept 05**

Signature, typed or printed name of registered agent and title if applicable. (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, SIDNEY H 818 OAK TREE TERRACE DELAND, FL 32724 <i>deceased</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060586033 10/13/05--01061--002 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, RICHARD W. 112 N. FLORIDA AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, HARRY F 105 ROANOKE AVE NE ATLANTA, GA 303054347 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  DATE **30 Sept 05** 386-734-2558

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