


2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 PM 4:00

DOCUMENT # 378809 1. Entity Name 6301, INC.	
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Principal Place of Business 8000 N. ARMENIA AVENUE TAMPA, FL 33604	Mailing Address 8000 N. ARMENIA AVENUE TAMPA, FL 33604
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	City & State City & State
Zip Country	Zip Country	4. FEI Number 59-1407222



10222004 REIN-P CR2E098 (6/04)

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 ROSENTHAL, V.M., JR. 8000 N. ARMENIA AVENUE, SUITE E TAMPA, FL 33604	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 *V M Rosenthal* 10/25/04
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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	P ROSENTHAL, JR. 8000 N. AREMINA AVENUE, SUITE E TAMPA, FL 33604	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042239853 10/27/04--01023--007 **150.00
NAME	VP ROSENTHAL, TODD K 8000 N. ARMENIA AVENUE, SUITE E TAMPA, FL 33604	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S ROSENTHAL, MARK S. 8000E ARMENIA AVE TAMPA, FL	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	T ROSENTHAL, LISA A. 8000E ARMENIA AVE TAMPA, FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *V M Rosenthal* 10/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

10/29/04