



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 607023		
1. Entity Name BOBBY LYONS ENTERPRISES, INC.		

Principal Place of Business 870 BLOUNTSTOWN HWY-4B TALLAHASSEE, FL 32304	Mailing Address 870 BLOUNTSTOWN HWY-4B TALLAHASSEE, FL 32304
--	--

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4347 BUTTERCUP WAY	
City & State		City & State TALLAHASSEE FL	
Zip 32311	Country	Zip 32311	Country LEON

FILED
05 SEP 30 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent LYONS, ROBERT D 2302 RYAN PLACE TALLAHASSEE FL, FL 32308		7. Name and Address of New Registered Agent Name DAVID M. LYONS Street Address (P.O. Box Number is Not Acceptable) 4347 BUTTERCUP WAY City TALLAHASSEE FL Zip Code 32311	
--	--	---	--

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 *Robert M. Lyons* DATE 9-30-05
Signature, typed or printed name of registered agent acceptable 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.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYONS, ROBERT D 2302 RYAN PL TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DAVID M. LYONS 4347 BUTTERCUP WAY TALLAHASSEE FL. 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYONS, DAVID M 1729 AUGUSTINE PL TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAVID M LYONS 4347 BUTTERCUP WAY TALLAHASSEE FL. 32311 <input type="checkbox"/> Change <input checked="" 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	500060109045 09/30/05--01007--012 **160.75 <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: *Robert M. Lyons* DATE 9-30-05 850-251-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #