2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								
DOCUMENT # 607023					J. J. C. See Bed			
1. Entity Name BOBBY LYONS ENTERPRISES, INC.						3 PM 1:33		
Principal Place of Business		Mailing Address	200		SEUNLIA	₹₹ J: J: J: N: SEE.FLORID	IA	
4347 BUTTERCUP WAY 4347 BUTTERCUP WAY				•	MELAHAU	JEEN LOWE	., .	
TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311				6 100 H H				
Principal Place of Business 3. Mailing Address								
810 BLOUNTSTOWN HUY 870 BLOUNTSTOWN HWY				7	aneili Indii eniin iinda eiii a	18 8 8 1 8 81 8 8 818 THE		
Suite Apt. #, etc. Suite, Apt. #, etc. 4 D				footpole	STATE	CR2E098 (11/05)	U	
City & State TALLAHASEE,	FC	City & State TALLAUASSET FC.		4. FEI Number 59-187		· ·	pplied For at Applicable	
	Country PTO N	77304	Country (LCON)	5. Certificate	of Status Desired	S8.75 Add		
6. Name and Address of Current Registered Agent					Address of New Reg	gistered Agent		
4347 BUTTERCUO WAY TALLAHASSEE EL EL 32311				AVID M.				
				,	• •			
			870	BLOUNTSTO	WH HWY			
8. The above named entity submits this statement for the purpose of changing its registered office or register				ALIASTEE		FL 353	54	
the obligations of registers		the purpose of changing its	registered office or	registered agent, or bo	th, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE / // 10/3/06								
Signature, typed or printed name of registered Apent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOW!!! FE After January 1, 2007						th s. 607.193(2)(b), ot receive the prior i		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE PS	DV E	Delete		PRES/VP/S			Addition	
NAME LYONS, MAI STREET ADDRESS 4347 BUTTE		·	NAME STREET ADDRESS	DAVID M. 870 BLOOM TACLAH	LYONS CITOWN_F	Juy # 48	•	
	EE, FL 32311	Пан		7.4.CAH	Assec, rc			
TITLE NAME		☐ Đelete	TITLE NAME	टर्	ggegg	Change 上了二十二	Addition [
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			F7 a:		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS : CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		······································			
TITLE NAME		☐ Delete	NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the in indicated on this report of	formation supplied with	this filing does not qualify for		ntained in Chapter 119	9, Florida Statutes. I fu	urther certify that the is	nformation	
of the corporation or the	receiver or/trøstee empo	true and accurate and that in welled to execute this report with all other like empowered	t as required by Cha	pter 607, Florida Statute	es; and that my name	an, maci am an officer appears in Block 10 o	r Block 11 if	
SIGNATURE: /	Saula 1	Type		10	13/16 25	7-321-427	/	
SIGNATURE: JULY Myo- 10/3/06 850-321- 427/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #								

K. Eckel OCT - 3 2006