

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 27 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F01000002749</b>					
<b>1. Entity Name</b> TOWNE AND COUNTRY INVESTMENTS, INC.					
<b>Principal Place of Business</b> 7311 BLAIR STREET APT 1B THOMASVILLE, NC 27360			<b>Mailing Address</b> 3511 SADDLEBROOK DR. TRINITY, NC 27370		
<b>2. Principal Place of Business</b> 3511 SADDLEBROOK DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4205 ORTEGA FOREST BLVD Suite, Apt. #, etc.			
<b>City &amp; State</b> TRINITY NC Zip 27370-7769 Country US		<b>City &amp; State</b> JACKSONVILLE FL Zip 32210 Country US		<b>4. FEI Number</b> 56-0949377	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MURPHY, ROSEMARY P 4205 ORTEGA FOREST BLVD. JACKSONVILLE, FL 32210			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CP	<b>NAME</b> PLYLER, RUTH H		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4531-1 SUSSEX AVE.	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VCV	<b>NAME</b> PLYLER, MICHAEL H		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3511 SADDLEBROOK DR.	<b>CITY-ST-ZIP</b> TRINITY, NC 27370		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DS	<b>NAME</b> PLYLER, CRANFORD O III		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 610 WILLOW DR	<b>CITY-ST-ZIP</b> THOMASVILLE, NC 27360		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DT	<b>NAME</b> MURPHY, ROSEMARY P		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4205 ORTEGA FOREST BLVD.	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.</b>					
<b>SIGNATURE:</b> <i>Rosemary Murphy</i>			10/26/05 (904) 384-8635		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

10/31/05