
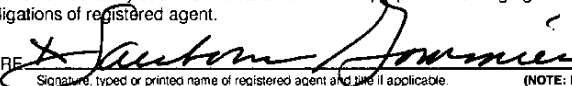
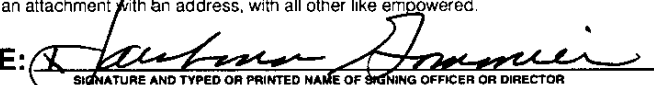


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002797 1. Entity Name RICKJOHN, INC.						FILED 05 OCT 14 PM 5:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 717 REAMER DR CARNEGIE, PA 15106				Mailing Address 717 REAMER DR CARNEGIE, PA 15106			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 25-1444027				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REYNOLDS, HEATHER M 115 PROFESSIONAL DR, STE 101 PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name SARAH GAMMIERE Street Address (P.O. Box Number is Not Acceptable) 100 BERNARD BAY CIRCLE SUITE 103 City PONTE VEDRA BEACH FL Zip Code 32082			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10-10-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 GAMMIERE, RICHARD E <input type="checkbox"/> Delete 717 REAMER DR CARNEGIE, PA 15106			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060627285 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/14/05--01054--017 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLO, ROBERT J <input type="checkbox"/> Delete 3190 ANNANDALE DR PRESTO, PA 15142			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAMMIERE, SARAHANN <input type="checkbox"/> Delete 717 REAMER DR CARNEGIE, PA 15106			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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10-10-05 Daytime Phone #			