
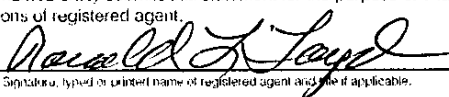
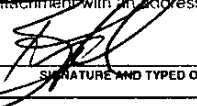


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000006394 1. Entity Name FOGEL & ASSOCIATES, INC.						FILED 05 OCT 12 AM 11:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business MONSANTO ROAD COLUMBIA, TN 38401				Mailing Address P.O. BOX 2058 COLUMBIA, TN 38402-2058			
2. Principal Place of Business 221 PARADISE POINT LANE Suite, Apt. #, etc.				3. Mailing Address 221 PARADISE POINT LANE Suite, Apt. #, etc.			
City & State SANTA ROSA BEACH, FL Zip 32459				City & State SANTA ROSA BEACH, FL Zip 32459			
Country UNITED STATES				Country WALTON			
4. FEI Number 62-1138194				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 FOGEL, RONALD 221 PARADISE POINT LANE SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 				DATE 10/11/05			
Signature, typed or printed name of registered agent and fee 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	C FOGEL, RONALD 221 PARADISE POINT LANE SANTA ROSA BEACH, FL 32459			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300060728023 10/18/05--01082--007 **150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DSTV FOGEL, BRUCE 3103 KEYSTONE DRIVE BIRMINGHAM, AL 32459			<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	PD FOGEL, GLENN 3012 BROOK HIGHLAND DR. BIRMINGHAM, AL 32459			<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		
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: 				BRUCE FOGEL			
Signature and typed or printed name of signing officer or director				Date 10/5/05 Daytime Phone # 205 991 9050			