


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000001443 1. Entity Name ENJOY THE CITY, INC.					
Principal Place of Business 2649 VALLEYDALE ROAD SUITE B BIRMINGHAM, AL 35244			Mailing Address 2649 VALLEYDALE ROAD SUITE B BIRMINGHAM, AL 35244		
2. Principal Place of Business - No P.O. Box # 111 Applegate Court Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Pelham, AL		City & State Pelham, AL		4. FEI Number 02-0770132	
Zip 35124		Country Shelby		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Cynthia L. Harris</u> Cynthia L. Harris <small>Signature (handwritten or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 CP STANTON, ANNE 2649 VALLEYDALE ROAD SUITE B BIRMINGHAM, AL 35244 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 111 Applegate Court Pelham, AL 35124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TCFO DERN, ROBERT 2649 VALLEYDALE ROAD SUITE B BIRMINGHAM, AL 35244 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 12/04/08 01016-001 **150.00 <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 500138435815 12/04/08--01016--001 **150.00 <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 exemptions contained in Chapter 119, 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 another like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/29/08 Daytime Phone: 205-995-2489	

FILED
08 DEC -4 PM 12:33
TALLAHASSEE, FLORIDA



10292008 REIN-P CR2E098 (1/07)

12/4/08