


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000004569  
 1. Entity Name  
 IDLE, INC.



FILED  
 05 OCT 6 AM 11:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 452 W. DEARBORN ST.  
 ENGLEWOOD, FL 34223

Mailing Address  
 452 W. DEARBORN ST.  
 ENGLEWOOD, FL 34223 US



2. Principal Place of Business  
 200 4th Ave So  
 Suite, Apt. #, etc.  
 #130

3. Mailing Address  
 200 4th Ave So  
 Suite, Apt. #, etc.  
 #130

09302005 REIN-P CR2E098 (6/04)

City & State  
 St. Petersburg, FL

City & State  
 St. Petersburg, FL

Zip Country  
 33701 USA

Zip Country  
 33701 USA

4. FEI Number  
 85-0425126

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARRISON, CATHERINE V  
~~232 BAHIA VISTA DRIVE~~  
~~ENGLEWOOD, FL 34223~~  
 200 4th Ave So. #130  
 St. Petersburg, FL 33701

7. Name and Address of New Registered Agent  
 Name  
 Garrison, Catherine V  
 Street Address (P.O. Box Number is Not Acceptable)  
 200 4th Ave So #130  
 City St. Petersburg FL Zip Code 33701

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 Catherine Garrison DATE 10.2.05

Signature, typed or printed name of registered agent, or both 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARRISON, CATHERINE V 232 BAHIA VISTA DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARRISON, VICTOR C 232 BAHIA VISTA DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Garrison, Catherine V 200 4th Ave. So. #130 St. Petersburg FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Garrison, Victor C 200 4th Ave So. #130 St Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060309574 10/06/05--01063--011 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T. Roberts OCT 10 2005
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: Catherine Garrison DATE 10.2.05 DAYTIME PHONE # 941.416.3234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR