

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 26 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09242007 REIN-P CR2E098 (1/07)

4. FEI Number
59-3522289

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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 obligation of the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12-17-2007

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THIGPEN JR, ROBERT E	
STREET ADDRESS	354 NORTH BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	ASAT	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, EDDIE C	
STREET ADDRESS	354 N BEACH ST	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCH, ANTHONY	
STREET ADDRESS	354 NORTH BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGE, ERNEST M	
STREET ADDRESS	354 NORTH BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LIVINGSTON, PATRICIA	
STREET ADDRESS	354 NORTH BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200112458322
CITY-ST-ZIP	11/20/07--01029--015 **750.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICIA LIVINGSTON ST 10/23/07