

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000004664 1. Entity Name V.B. INTERPRIDE INC.					
Principal Place of Business 5312 AEOLUS WAY ORLANDO, FL 32808				Mailing Address 5312 AEOLUS WAY ORLANDO, FL 32808	
2. Principal Place of Business 5851 SE 120th AVE Suite, Apt. #, etc.		3. Mailing Address 5851 SE 120th AVE Suite, Apt. #, etc.			
City & State MORRISTON Zip 32668		City & State MORRISTON Zip 32668		4. FEI Number 59-3515317	
Country FL		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNY, VIRGINIA 5312 AEOLUS WAY ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name VIRGINIA BRUNY Street Address (P.O. Box Number is Not Acceptable) 5851 SE 120th AVE MORRISTON FL 32668 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	C BRUNY, VIRGINIA 5312 AEOLUS WAY ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRGINIA BRUNY 5851 SE 120th AVE MORRISTON FL 32668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, ELFORD D 5312 AEOLUS WAY ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRGINIA ELFORD JACKSON 5851 SE 120th AVE MORRISTON FL 32668	<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	600061114826 11/02/05--01033--005 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	for wife _____ _____ _____	<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: <u>Virginia Bruny</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10.31.05 3524868005 <small>Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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