


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -3 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G60318	
1. Entity Name SOUTHERN LANDMARKS, INC., OF BAY COUNTY	

Principal Place of Business 2 MIRACLE STRIP LOOP SUITE 2 PANAMA CITY BEACH, FL 32407	Mailing Address 2 MIRACLE STRIP LOOP SUITE 2 PANAMA CITY BEACH, FL 32407
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2. Principal Place of Business 8502 Lydia Lane Suite, Apt. #, etc.	3. Mailing Address 8502 Lydia Lane Suite, Apt. #, etc.
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City & State Panama City Beach, FL	City & State Panama City Beach, FL
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Zip 32408	County BAY	Zip 32408	County BAY
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09112006 REIN:P CR2E098 (11/05) 0506

FEI Number 59-2323157	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUX, T. NICOL 2 MIRACLE STRIP LOOP SUITE 2 PANAMA CITY BEACH, FL 32407	
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7. Name and Address of New Registered Agent Name LUX, T. Nicol Street Address (P.O. Box Number is Not Acceptable) 8502 Lydia Lane City Panama City Beach, FL Zip Code 32408	
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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>T. Nicol</u> DATE <u>9-28-06</u> <small>Signature: typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LUX, T. NICOL 2 MIRACLE STRIP LOOP #2 PANAMA CITY BEACH, FL <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
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	LUX, T. Nicol <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8502 Lydia Lane Panama City Beach, FL 32408
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 all other like empowered.	
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SIGNATURE: <u>T. Nicol</u>	9-28-06 850-268-4090
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>