2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G95074

City-St-Zip:

LAKELAND, FL 33805

FILED Jul 12, 2006 Secretary of State

Entity Name: C & T OF POLK, INCORPORATED					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
704 N. LINCOLN AVE. LAKELAND, FL 338011320			704 N. LINCOLN AVE. LAKELAND, FL 33801		
Current M	ailing Addre	ess:	New Mailing Address:	New Mailing Address:	
704 N. LINCOLN AVE. LAKELAND, FL 338011320			P.O. BOX 1693 LAKELAND, FL 33815		
FEI Number:	59-2457677	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
PERRY, JAMES C ESQ 605 EAST ROBINSON STREET SUITE 630 ORLANDO, FL 32801 US			CRAWFORD, MARY J 2264 CRYSTAL GROVE LAKELAND, FL 33805	2264 CRYSTÁL GROVE LANE	
The above in the State		submits this statement for the p	urpose of changing its registered of	office or registered agent, or both,	
SIGNATURE: MARY J. CRAWFORD				07/12/2006	
	Electro	onic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice.		
	AND DIRE	- ` ` '	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BLUNT, CHAR 3018 W ARLII ORLANDO, FI	NGTON AVE.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	CRAWFORD,	AL GROVE LANE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	VP (GLOVER, KEI 1040 14TH ST		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARY J. CRAWFORD ST 07/12/2006