


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H01000		
1. Entity Name SHERROD SYSTEMS, INC.		

05 DEC 12 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



00132005 REIN-P CR2E098 (6/04)

Principal Place of Business 2268 MAYPORT ROAD ATLANTIC BEACH, FL 32233	Mailing Address 2268 MAYPORT ROAD ATLANTIC BEACH, FL 32233
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2413587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OWEN, RONALD M 136 EAST BAY STREET JACKSONVILLE, FL 32202	
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7. Name and Address of New Registered Agent Name <u>James Terrell</u> Street Address (P.O. Box Number is Not Acceptable) <u>2288 EAST BAY STREET</u> <u>BLACKSTONE BLDG, 8TH FLOOR</u> City <u>JACKSONVILLE</u> FL Zip Code	
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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>James Terrell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>12/7/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHERROD, JACK C 5043 MARINER PT. DR JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>REINSTATEMENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAYNOR, MATTHEW T 2802 CLAIBORO RD JACKSONVILLE BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>700061039677</u> <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	<u>10/31/05--01015--018</u> <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
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>James Terrell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>11/2/05</u> Daytime Phone # <u>904-247-1135</u>