## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# H41689

FILED Oct 12, 2004 Secretary of State

Entity Name: BOYKIN ENTERPRISES, INC.

Current F	Principal Place of	Business:	New Principal Plac	e of Business:
	ENTER STREET .A, FL 34755			
urrent N	Mailing Address:		New Mailing Addre	ess:
P.O. BOX MINNEOL	38 A, FL 34755			
El Numbe	r: 59-2487747 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:
16 W. ČI	SARA LOU ENTER ST. .A, FL 34755 US	3		
	e named entity subr e of Florida.	nits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,
SIGNATU	RE:			
	Electronic S	ignature of Registered Age	ent	Date
lection Ca	mpaign Financing Tru	st Fund Contribution ( ).		
	mpaign Financing Tru	, ,	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR
		RS: ete C., REET	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition
DFFICER itle: lame: .ddress: bity-St-Zip: itle: lame: .ddress:	S AND DIRECTOR P () Dele BOYKIN, KENNETH 116 W. CENTER ST	RS:  cte C., REET 55  cte	Title: Name: Address:	
OFFICER itle: lame: .ddress:	P () Dele BOYKIN, KENNETH 116 W. CENTER ST MINNEOLA, FL 347 VP () Dele BOYKIN, JEFFREY, 116 W. CENTER ST	ete C., REET 55 ete REET 555 ete TH, REEET	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition
DFFICER itle: lame: .ddress: itly-St-Zip: itle: lame: .ddress: itle: lame: .ddress: ittle: lame: .ddress:	P () Dele BOYKIN, KENNETH 116 W. CENTER ST MINNEOLA, FL 347 VP () Dele BOYKIN, JEFFREY, 116 W. CENTER ST MINNEOLA, FL 347 T () Dele BOYKIN, M. KENNE 116 W. CENTER ST	REET 55 ete REET 55 ete REET 55 ete REEET 55 ete REEET 55	Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TERESA L BOYKIN 2VP 10/12/2004