

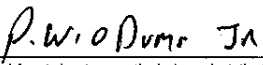


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H90970 1. Entity Name ODUMS, INC.						FILED 04 NOV -9 AM 9: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 394 STATE ROAD #7 WEST PALM BEACH, FL 33414				Mailing Address P.O. BOX 210247 ROYAL PALM BEACH, FK 33421			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ODUMS, PHEARCHER W JR 9919 PIONEER RD WEST PALM BEACH, FL 33414				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 X <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<div style="text-align: center;">  </div> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00				<div style="text-align: right;"> 11/4/04 <small>DATE</small> </div>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ODUMS, PHEARCHER W., JR. 9919 PIONEER RD WEST PALM BEACH, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500042611735 11/09/04--01089--022 </div>		
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		
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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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="text-align: right;"> 11/4/04 561-795-9093 <small>Date Daytime Phone #</small> </div>			

P.W. Odums Jr