


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # L04670</b> 1. Entity Name FLORIDAPUBLICCOMMUNICATIONS, INC.						FILED 06 FEB 15 PM 2:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4150 KIDRON ROAD LAKE LAND, FL 33811				Mailing Address 4150 KIDRON ROAD LAKE LAND, FL 33811			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2959340				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YACHABACH, JERRY 10425 SW 51 LN. GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name: <u>Regis Mellon</u> Street Address (P.O. Box Number is Not Acceptable): <u>3050 Crews Lake Road</u> City: <u>Lakeland</u> FL Zip Code: <u>33813</u>			
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>Regis Mellon</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>11/31/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: <u>SD</u> <input type="checkbox"/> Delete NAME: <u>MELLON, REGIS</u> STREET ADDRESS: <u>3050 CREWS LAKERO</u> CITY-ST-ZIP: <u>LAKE LAND, FL 33813</u>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>600061744646</u> STREET ADDRESS: <u>02/20/06--01081--025</u> **150.00 CITY-ST-ZIP:			
TITLE: <u>PD</u> <input type="checkbox"/> Delete NAME: <u>YARHABACH, JERRY</u> STREET ADDRESS: <u>10425 SW 51 STL N.</u> CITY-ST-ZIP: <u>GAINESVILLE, FL 32608</u>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>600061744646</u> STREET ADDRESS: <u>11/29/05--01016--003</u> **750.00 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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>Regis Mellon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>11/25/05</u> Daytime Phone #: <u>863-644-5558</u>			