

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 AUG 18 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L31243		
1. Entity Name F. & F. ASSOCIATES, INC.		

Principal Place of Business 4741 NW 5 CT DEERFIELD BEACH, FL 33442	Mailing Address 4741 NW 5 CT DEERFIELD BEACH, FL 33442	(NEW)
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2. Principal Place of Business		3. Mailing Address 1735 CURLEW CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Rockledge, FLA.	
Zip	Country	Zip	Country
		32900	U.S.A.

08052005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0161292	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUHRMASTER, FRANK 4741 NW 5 CT DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name: BLANCHE DIANNE BYRUM Street Address (P.O. Box Number is Not Acceptable): 1735 CURLEW COURT City: Rockledge, FL Zip Code: 32955	
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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>Blanche Diane Byrum</u> (NOTE: Registered Agent signature required when reinstating)		DATE: <u>8-8-05</u>
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUHRMASTER, FRANK 4741 NW. 5 CT DEERFIELD BCH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BLANCHE DIANNE BYRUM 1735 CURLEW COURT ROCKLEDGE, FLA 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE P. NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KYM ARTER 2506 VENTURA CIRCLE WEST MELBOURNE, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100058743581 08/18/05--01062--002 **\$300.00
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
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>Kym Arter</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>8/8/05</u> 321-768-8608 Daytime Phone #