2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L65446

1. Entity Name
MELVIN LANGFORD ENTERPRISES, INC.

FILED
04 DEC -8 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12062004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
7818 EXETER BLVD EAST TAMARAC, FL 33321 US	7818 EXETER BLVD EAST TAMARAC, FL 33321 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3000021
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGFORD, MELVIN GEORGE
9730 EISENHOWER ROAD
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Melvin G. Langford pres.
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LANGFORD, MELVIN G. 9730 EISENHOWER RD. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/VP/T/S/D/C/M Langford, Melvin G. 7818 Exeter Blvd. East Tamarac, FL 33321	☒ Change ☐ Add'l on
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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: Melvin G. Langford pres. 12/06/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date