


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L83397		
1. Entity Name HUGH BARNDOLLAR INSURANCE SERVICES, INC.		

FILED

05 OCT 17 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



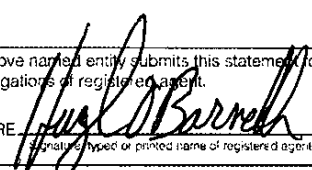
10072005 REIN-P CR2E098 (6/04)

Principal Place of Business 7622 CONGRESS STREET NEW PORT RICHEY, FL 34653 US		Mailing Address 7622 CONGRESS STREET NEW PORT RICHEY, FL 34653 US	
2. Principal Place of Business 14119 Point Anne Dr. Suite, Apt. #, etc. Odessa		3. Mailing Address 14119 Point Anne Dr. Suite, Apt. #, etc. Odessa	
City & State Odessa FL		City & State Odessa, FL	
Zip 33556	Country USA	Zip 33556	Country USA

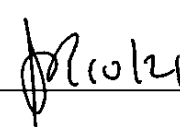
4. FEI Number 59-3014098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARNDOLLAR, HUGH O 7622 CONGRESS ST NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name Hugh O. Barndollar Street Address (P.O. Box Number is Not Acceptable) 14119 Point Anne Drive City Odessa FL Zip Code 33556	
--	--	--	--

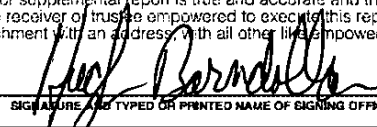
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$800.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNDOLLAR, HUGH 7622 CONGRESS ST NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14119 Point Anne Dr. Odessa, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNDOLLAR, CAROL 14119 POINTE ANNE DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNDOLLAR, HUGH O 7622 CONGRESS ST NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please Delete <input checked="" 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	500060694595 10/18/05--01008--003 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	we never recieved a corporation renewal statement. !	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:  10/6/05 Date Daytime Phone #