
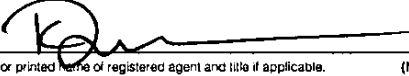
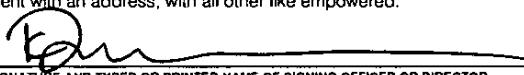


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000003559					
1. Entity Name THE SIRCLE INC.					
Principal Place of Business 6312 SE 41ST CT OCALA FL 34480			Mailing Address 6312 SE 41ST CT OCALA FL 34480		
2. Principal Place of Business 3895 SE 61st Pl. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6553 Suite, Apt. #, etc.			
City & State OCALA FL		City & State OCALA FL		4. FEI Number NOT APPLICABLE	
Zip 34480		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SAMUEL, LARMONICA 6312 SE 41ST CT OCALA, FL 34480			7. Name and Address of New Registered Agent Name KISHA DUNN Street Address (P.O. Box Number is Not Acceptable) 3895 SE. 61st Pl. City OCALA FL Zip Code 34480		
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 				DATE 12/17/04	
(NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL, LARMONICA PO BOX 38 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KISHA DUNN 3895 SE. 61st Pl. OCALA, FL 34480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, LUZONIA 1601 NE 25 AVE OCALA, FL 34470	<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	D DUNN, KISHA PO BOX 490 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MONICA BRYANT 4285 NW. 26TH Terr. OCALA, FL 34475 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMPSEY, BRAIN D 3360 SE 62ND ST. OCALA, FL 34472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARMONICA SAMUEL 6312 SE 41ST CT. OCALA, FL 34480 <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	<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 617, 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: 			DATE 12/17/04 (352) 816-1034		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		