



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000001617 1. Entity Name CENTRAL BOULEVARD HOLDING CORPORATION						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 OCT 21 AM 11:58			
Principal Place of Business 438 E. OSPREY LANE MONTICELLO, FL 32344				Mailing Address 438 E. OSPREY LANE MONTICELLO, FL 32344				REINSTATEMENT <u>04</u>	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State				4. FEI Number NOT APPLICABLE	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, JOE E 438 E. OSPREY LANE MONTICELLO, FL 32344						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 <u>Joe E Davis</u> <u>Joe E. DAVIS</u> <u>Sec/Tres</u> <u>10-21-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD <input type="checkbox"/> Delete NAME NEWCOMB, MICHAEL P STREET ADDRESS 7075 W 3RD AVE. CITY-ST-ZIP HIALEAH, FL 33014						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE STD <input type="checkbox"/> Delete NAME DAVIS, JOE E STREET ADDRESS 438 E. OSPREY LANE CITY-ST-ZIP MONTICELLO, FL 32344						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VPD <input type="checkbox"/> Delete NAME HINER, KIRK STREET ADDRESS 438 E. OSPREY LANE CITY-ST-ZIP MONTICELLO, FL 32344						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			
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 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: <u>Joe E Davis</u> <u>Joe E DAVIS</u>						<u>10-21-04</u> <u>850-997-0194</u> <small>Date Daytime Phone #</small>			