


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000004756 1. Entity Name THE PRESERVATION STATION, INC.	
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FILED

05 FEB 25 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 28531 BENNINGTON DRIVE ZEPHYRHILLS, FL 33544	Mailing Address 28531 BENNINGTON DRIVE WESLEY CHAPEL, FL 33544
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2. Principal Place of Business 16801 Morris Bridge Rd Suite, Apt. #, etc.	3. Mailing Address 16801 Morris Bridge Rd Suite, Apt. #, etc.
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02152005 REIN-NP CR2E099 (6/04)

City & State Thonotosassa FL	City & State Thonotosassa FL
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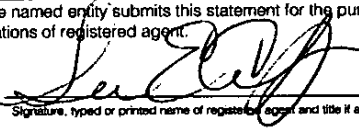
4. FEI Number 59-3500232	Applied For Not Applicable
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Zip 33592	Country Hillsborough	Zip 33592	Country Hillsborough
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARONOFF, SUSAN E 28531 BENNINGTON DRIVE WESLEY CHAPEL, FL 33544	7. Name and Address of New Registered Agent Name <u>SUSAN ARONOFF</u> Street Address (P.O. Box Number is Not Acceptable) <u>16801 Morris Bridge Rd</u> City <u>Thonotosassa</u> FL Zip Code <u>33592</u>
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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  SUSAN E. ARONOFF DATE 2/16/05

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

FILE NOW!!! FEE IS \$122.50 131.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P ARONOFF, SUSAN E 28531 BENNINGTON DRIVE WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S Angela Wood 16801 Morris Bridge Rd Thonotosassa, FL 33592 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAGBY, SHEILA 1313 FLEXFORD ST. BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Peg Gilley 7320 Pop Drive Wesley Chapel, FL 33544 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLT, PATTI 2991 24TH AVENUE NE NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patti Holt 2991 24th Ave NE Naples, FL 34120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAM, JENNIFER PO BOX 21 WADDELL, AZ 85355 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800047923808 03/08/05--01016--002 **131.25 <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 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:  SUSAN E. ARONOFF DATE 2/16/05 DAYTIME PHONE # 813-690-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #