

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000002405 1. Entity Name PYRAMID PROPERTIES, INC.				 FILED 04 OCT 28 AM 9:47 SECRETARY OF STATE REINSTATEMENT 2004	
Principal Place of Business 18223 RIVER OAKS DRIVE JUPITER, FL 33458			Mailing Address 311 W INDIANTOWN STE #6 JUPITER, FL 33458		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-1035760 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				10252004 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent BOYD, BRUCE 18223 RIVER OAKS DRIVE JUPITER, FL 33458				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10-25-04					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, BRUCE 18223 RIVER OAKS JUPITER, FL 33458 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042282127 10/28/04--01036--001 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOYD, CINDY 311 W INDIANTOWN #7 JUPITER, FL 33458 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 10-25-04 Daytime Phone # _____	