


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000019220		
1. Entity Name MONETTE PROPERTIES, INC.		
Principal Place of Business 3772 BIGGIN CHURCH ROAD, WEST JACKSONVILLE, FL 32224	Mailing Address 3772 BIGGIN CHURCH ROAD, WEST JACKSONVILLE, FL 32224	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032004 REIN-P CR2E098 (6/04)

2. Principal Place of Business 325 Ocean Forest Drive Suite, Apt. #, etc.		3. Mailing Address 325 Ocean Forest Dr. Suite, Apt. #, etc.		4. FEI Number 59-3625453	Applied For Not Applicable
City & State St. Augustine Florida	City & State St. Augustine FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32080	Country USA	Zip 32080	Country USA		

6. Name and Address of Current Registered Agent. MONETTE, CANDEE 3772 BIGGIN CHURCH ROAD, WEST JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent. Name: Monette, Candee Street Address (P.O. Box Number is Not Acceptable): 325 Ocean Forest Drive City: St. Augustine FL Zip Code: 32080	
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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: Candee Monette DATE: 11/20/04

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

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONETTE, CANDEE 3772 BIGGIN CHURCH ROAD, WEST JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Monette, Candee 325 Ocean Forest Drive St. Augustine, FL 32080 <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
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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 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: Candee Monette DATE: 11/20/04 904-477-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 471-7020