2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000046252

Entity Name: MR OAK.COM, INC.

FILED Jun 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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39857 US 19 N 29857 US 19 N

US CLEARWATER, FL 33761 US CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

39857 US 19 N 29857 US 19 N

CLEARWATER, FL 33761 US CLEARWATER, FL 33761 US

FEI Number: 59-3644199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, JOHN 29857 US 19 N

Name: Address:

CLEARWATER, FL 33761 US

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.

SIGNATURE: JOHN THOMAS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

PICHETTE, STEVEN LEO PICHETTE, STEVEN LEO Name: Name: 3523 BEECHWOOD TERRACE 600 IVY LANE Address: Address:

TARPON SPRINGS, FL 34689 City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: THOMAS, JOHN FLOREY Name: THOMAS, JOHN FLOREY

5015 BILINGS DR 9111 BEARCAT RD Address: Address: HOLIDAY, FL 34690 NEW PORT RICHEY, FL 34655 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete THOMAS, TIFFANY M THOMAS, TIFFANY M Name: Name:

5015 BILLINGS DR. 9111 BEARCAT RD Address: Address: City-St-Zip: HOLIDAY, FL 34690 City-St-Zip: NPR, FL 34655

() Delete Title: VΡ Title: () Change () Addition

PICHETTE, JOSHUA S Name: 3523 BEECHWOOD TERRACE Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN THOMAS D 06/15/2005