

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

06 JAN -3 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 05**

<b>DOCUMENT # P0000048456</b> 1. Entity Name TLC AND KBB, ENTERPRISES, INCORPORATED			
Principal Place of Business 10920-30 BAYMEADOWS RD. JACKSONVILLE, FL 32256		Mailing Address 10920-30 BAYMEADOWS RD. JACKSONVILLE, FL 32256	
2. Principal Place of Business 4425 SEABREEZE DRIVE Suite, Apt. #, etc.		3. Mailing Address 4425 SEABREEZE DRIVE Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32250		Zip 32250	
Country USA		Country DUAL	
4. FET Number 59-3638324		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COLE, TODD L 10920-30 BAYMEADOWS ROAD JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4425 SEABREEZE DRIVE City JACKSONVILLE FL Zip Code 32250	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 12/30/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME COLE, TODD L STREET ADDRESS 4425 SEABREEZE DR. CITY-ST-ZIP JACKSONVILLE, FL 32250	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	800063022958 01/09/06--01006--004 **750.00	
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"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 12/30/05 904-538-9696 <small>Date Daytime Phone #</small>	