

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000052597	
1. Entity Name FLAG DEVCO, INC.	



FILED
2008 APR -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205	Mailing Address 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 01022008, REINSTATE CR2E098 (1/07)

4. FEI Number 59-3656939		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 WALTON, WILLIAM H JR. 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1121 Kingsley Ave City Orange Park FL Zip Code 32073	

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
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FILE NOW!!! FEE IS \$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	PD CRAVEY, JERRY R 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205 <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	VPD WEED, JOSEPH D JR. 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205 <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	VPD WALTON, WILLIAM H JR. 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205 <input checked="" 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	D WEED, JOSEPH D III 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205 <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	D WALTON, ALONZO D 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205 <input checked="" 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	D LENTZ, ANN 4000-B ST. JOHNS AVENUE #22 JACKSONVILLE, FL 32205 <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 exemptions contained in Chapter 119, 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: <u>G. Lentz</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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