


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000061197	
1. Entity Name ETERNITY CONSULTING CORPORATION	

Principal Place of Business 2800 HARBORSIDE DRIVE, F14 LONGBOAT KEY, FL 34228	Mailing Address 2800 HARBORSIDE DRIVE, F14 LONGBOAT KEY, FL 34228
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
05 DEC -5 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272005 REIN-P CR2E098 (6/04)

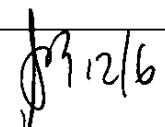
4. FEI Number 65-1016067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
FAYNE, MICHAEL D 2800 HARBOURSIDE DR F14 LONGBOAT KEY, FL 34228	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

I, The above named entity submit 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:  MICHAEL D. FAYNE 12/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, 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	D FAYNE, MICHAEL 2800 HARBORSIDE DRIVE, #F14 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100061912991 12/05/05--01061--004 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FAYNE, SUSAN J 2800 HARBOURSIDE LONGBOAT KEY, FL 34228 <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:  MICHAEL D. FAYNE 941 321 3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #