


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000095634	
1. Entity Name WILLIAM CUBIDES, INC.	

FILED
05 OCT 17 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 118TH 52ND AVE W REAR APT. ST.PETE BEACH, FL 33706	Mailing Address P.O. BOX 46587 SAINT PETERSBURG, FL 33741-6587
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2. Principal Place of Business 6322 Palma Del Mar Blvd.	3. Mailing Address 6322 Palma Del Mar Blvd.
Suite, Apt. #, etc. 1003	Suite, Apt. #, etc. 1003

City & State St. Petersburg, Fl.	City & State St. Petersburg, Fl.
Zip 33715	Zip 33715
Country	Country



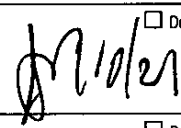
10122005 REIN-P CR2E098 (6/04)

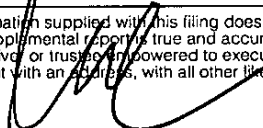
4. FEI Number 59-3677956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUBIDES, WILLIAM D 118TH 52ND AVE WEST ST.PETE BEACH, FL 33706	7. Name and Address of New Registered Agent Name WILLIAM D. CUBIDES Street Address (P.O. Box Number is Not Acceptable) 6322 Palma Del Mar Blvd. #1003 City St. Petersburg, FL Zip Code 33715
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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  Signature, typed or printed name of registered agent and title if applicable	WILLIAM D CUBIDES (NOTE: Registered Agent signature required when reinstating) 10-12-2005 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CUBIDES, WILLIAM D 118TH 52ND AVE W ST.PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060686185 10/17/05--01067--001 **150.00 <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 lines empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	WILLIAM D. CUBIDES 10/12/05 Date Daytime Phone #