

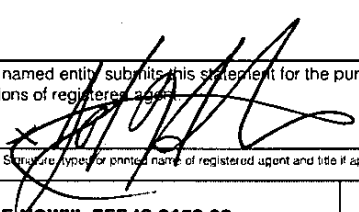
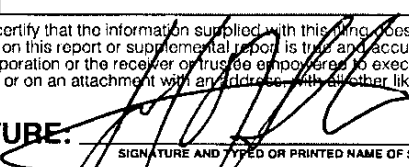


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN -3 PH 3: 57

<b>DOCUMENT # P01000004130</b> 1. Entity Name <b>JOHN HUDSON ENTERPRISES, INC.</b>					
Principal Place of Business <b>23195 CAROLYN LANE FORT MYERS, FL 33913</b>			Mailing Address <b>1548 NE 177TH ST N MIAMI BCH, FL 33162</b>		
2. Principal Place of Business <b>294 Pine Oak Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>294 Pine Oak Lane</b> Suite, Apt. #, etc.			
City & State <b>New Smyrna Beach FL</b>		City & State <b>New Smyrna Beach FL</b>		4. FEI Number <b>65-1074159</b>	
Zip <b>32168</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUDSON, JOHN D 23195 CAROLYN LANE FORT MYERS, FL 33913</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>294 Pine Oak Lane</b> City <b>New Smyrna Beach FL</b> Zip Code <b>32168</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>				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	DPST HUDSON, JOHN 23195 CAROLYN LANE FORT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>294 Pine Oak Lane</b> <b>New Smyrna Beach FL 32168</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700062575817</b> <b>01/03/06--01055--022</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			12/28/05 388-428-9957 Date Daytime Phone #		