

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P01000015806					
1. Entity Name KEYSTONE/GUNN HIGHWAY DEVELOPMENT CORPORATION					
Principal Place of Business 3821 HENDERSON BLVD. TAMPA, FL 33629			Mailing Address 3821 HENDERSON BLVD. SUITE 200 TAMPA, FL 33629		
2. Principal Place of Business			3. Mailing Address 1525 W. HILLSBOROUGH AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State TAMPA, FLORIDA		
Zip		Country		Zip 33603 Country	
6. Name and Address of Current Registered Agent REIBER, SAM I 3821 HENDERSON BLVD. TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: DATE: 1/27/05					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALHI, D S		NAME		
STREET ADDRESS	1515 RICHLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	YUBA CITY, CA 95993		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDI, B S		NAME		
STREET ADDRESS	11630 GREENSLEEVE AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARTZIBUSHEV, DIMITRI		NAME		
STREET ADDRESS	1525 W. HILLSBOROUGH AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			1/6/05 813-237-0529		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		