

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 21 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05

OCT 26 2005



10052005 REIN-P CR2E098 (6/04)

DOCUMENT # P01000022513		
1. Entity Name SMOOT, ADAMS, EDWARDS & BRINSON, P.A.		

Principal Place of Business 4415 METRO PARKWAY SUITE 325 FORT MYERS, FL 33916	Mailing Address 4415 METRO PARKWAY SUITE 325 FORT MYERS, FL 33916
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2. Principal Place of Business 8359 Stringfellow Road Suite, Apt. #, etc. Unit A, Suite 102	3. Mailing Address P.O. Box 690 Suite, Apt. #, etc.
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City & State St. James City	City & State St. James City	4. FEI Number 65-1081984	Applied For <input type="checkbox"/> Not Applicable
Zip 33956	Country USA	Zip 33956	Country USA

6. Name and Address of Current Registered Agent FEICHTHALER, ERIC P 4415 METRO PKWY SUITE 325 FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name: Melville G. Brinson, III, Esq. Street Address (P.O. Box Number is Not Acceptable) 8359 Stringfellow Road City: St. James City FL Zip Code: 33956	
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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: DATE: 10/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD EDWARDS, CHARLES B 4415 METRO PKWY, SUITE 325 FORT MYERS, FL 33916 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/21/05-01053-001 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/21/05-01053-001 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, W. HAL 4415 METRO PKWY, SUITE 325 FORT MYERS, FL 33916 <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	STD BRINSON, MELVILLE G III 4415 METRO PKWY, SUITE 325 FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP STD Brinson, Melville G. III 8359 Stringfellow Road St. James City, FL 33956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 the empowered.

SIGNATURE: DATE: 10/18/05 239 282 0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR