


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

112

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 25 PM 4:19

<b>DOCUMENT # P01000027598</b>		
1. Entity Name <b>J.A. REMSBURG, INC.</b>		

Principal Place of Business <b>901 MARTINS DOWNS BLVD. PALM CITY, FL 34990</b>	Mailing Address <b>901 MARTINS DOWNS BLVD. PALM CITY, FL 34990</b>
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2. Principal Place of Business		3. Mailing Address <b>4246 OAKHAVEN LN.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>PALM CITY, FL.</b>	
Zip	Country	Zip <b>34990</b>	Country <b>MARTIN</b>



10222004 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-1086698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SAUTTER, C. CHRISTIAN, ESQ. 2900 E. OAKLAND PARK BLVD., SUITE 200. FT. LAUDERDALE, FL 33306</b>		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 *John A. Remsburg*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00.**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REMSBURG, JOHN A 901 MARTINS DOWNS BLVD. PALM CITY, FL 34990</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000042166690</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10/25/04--01086--021 **150.00</b>
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
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 or other like empowered.

SIGNATURE: *John A. Remsburg* **10/20/04** **772-219-7366**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

10/26/04

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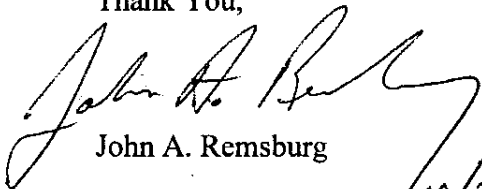
# REMSBURG REALTY

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Division of Corporations,

Enclosed you should find a 2004 for Profit Corporation Reinstatement form and my check for \$150.00. Due to hurricane Frances and hurricane Jeanne, I was not able to file by the deadline. I am requesting you waive the reinstatement fee.

Thank You,



John A. Remsburg

10/20/04