2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 JUL 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 05 2005

06262005 REIN-P CR2E098 (6/04) 04-05

DOCUMENT # P01000033837

Entity Name
TANGIBLE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
PO BOX 545050 ORLANDO, FL 32854	PO BOX 545050 ORLANDO, FL 32854

2. Principal Place of Business	3. Mailing Address
4521 Brainerd Rd	P.O. Box 73112
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chattanooga, TN	City & State: Chattanooga, TN
Zip: 37411 Country: USA	Zip: 37407 Country: USA

4. FEI Number 59-3731583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINCH, PHILLIP R
~~3 1 E. PINE ST., STE. 1401~~
~~ORLANDO, FL 32801~~

new address →

7. Name and Address of New Registered Agent

Name: Phillip Finch
Street Address (P.O. Box Number Is Not Acceptable): 722 Alameda St.
City: Orlando FL Zip Code: 32804

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: on next page
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARDSLEY, BRIAN P.O. BOX 545050 ORLANDO, FL 32854	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100057278871 07/11/05--01022--008 **900.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: [signature] 7/11/05 (423)629-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #