

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P01000061770



1. Entity Name
M.P. O'BRIEN, INC.

Principal Place of Business
715 NAPOLI LANE
NEW SMYRNA BEACH, FL 32168

Mailing Address
715 NAPOLI LANE
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3724083

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, MICHAEL P
2715 NAPOLI LANE
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name *Micheal O'Brien*

Street Address (P.O. Box Number is Not Acceptable)

715 Napoli Ln

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 *M. O'Brien*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *Nov 14, 04*

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

10. OFFICERS AND DIRECTORS

TITLE DPST Delete
NAME O'BRIEN, MICHEAL P
STREET ADDRESS 2715 NAPOLI LANE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V RAYMOWD Change Addition
NAME VANODYK
STREET ADDRESS 715 Napoli Ln
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE V AILES, BOBBY Change Addition
NAME
STREET ADDRESS 715 NAPOLI LN
CITY-ST-ZIP NEW SMYRNA BCH, FL 32168

TITLE V JONES, ERIC Change Addition
NAME
STREET ADDRESS 115 NAPOLI LN
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *M. O'Brien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV 19 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT FORM 2004
10242004-REINSTATEMENT-00834
CR2E083 (6/04)

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