

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000066432</b> 1. Entity Name <b>ABSOLUTE SERVICES OF BRADENTON, INC.</b>		 <b>FILED</b> DEC 28 PM 1:37 TALLAHASSEE, FLORIDA <b>REINSTATEMENT</b> T. Roberts DEC 28 2005	
Principal Place of Business <b>1116 FRANKLIN AVE ELLENTON, FL 34222</b>		Mailing Address <b>1116 FRANKLIN AVE ELLENTON, FL 34222</b>	
2. Principal Place of Business <b>900 Logue Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>900 Logue Road</b> Suite, Apt. #, etc.	
City & State <b>Myakka City, FL</b> Zip <b>34251</b>		City & State <b>Myakka City, FL</b> Zip <b>34251</b>	
4. FEI Number <b>65-1120202</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOYND, HERBERT P IV 1116 FRANKLIN AVE ELLENTON, FL 34222</b>		7. Name and Address of New Registered Agent Name <b>Jason H. O'Brien</b> Street Address (P.O. Box Number is Not Acceptable) <b>900 Logue Road</b> City <b>Myakka City</b> <b>FL</b> Zip Code <b>34251</b>	
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 <u><i>Jason H O'Brien</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>12-23-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, JASON H 1010 RIVERSIDE DR BRADENTON, FL 34208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400062442</b> <b>12/28/05--01045--013</b> <b>++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
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: <u><i>Jason H O'Brien</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>12-23-05</b> DAYTIME PHONE # <b>941-545-3318</b>	