## 2005 FOR PROFIT CORPORATION REINSTATEMENT

	11211101			_	
DOCUMENT # P01000071115  1. Entity Name BOHANNON, INC.					FILED
					IUL 20 AM 10: 37
Principal Place of Business  Amiling Address  Principal Place of Business  Principal Place of Business  Principal Place of Business  Principal Place of Business				SEU TALL	ALIARY OF STATE AHASSEE, FLORIDA
APT #114 #_6206 APT #114 TALLA HASS				1 Fc 32314	All Model and a second a second and a second a second and
503 PALM BEACH ST 2001 QO ST ALKUSIAS B-503 PALM BEACH ST P.O. BOY APT #TT4 # 6206 APT #114 TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 TALLAHASSEE FZ 32301			10		88111: 98111: 18111   18161   18161   18161   18161   18161   18161   1816
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07202005 REIN-P	CR2E098 (6/04)
City & Stat	e	City & State		4. FEI Number 65-1127721	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status De	sired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	Nome	7. Name and Address of	<del></del>
SAMUELS, ERROL Name					
SAMUELS, ERROL  503 PALM BEACH ST.  2001 OLD ST AVOISINE O Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE, FL-32310 # G-206					
	TALL	206 MSSEC, FL 323	,		
			<u></u>	- 1131-3	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					
	Signature, typed or printed name of registered age	nt and title it applicable. (NOTE	: Registered Agent signature req	ulred when reinstating)	DATE
FILE NOW!!! FEE IS \$300.00					lance with s. 607.193(2)(b), F.S., the on did not receive the prior notice.
10.	OFFICERS AN		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D SAMUELS, ERROL	Delete	TITLE NAME	9000	Change Addition
STREET ADDRESS CITY-ST-ZIP	503 PALM BEACH STREET TALLAHASSEE, PL 32310 7	TOO WASTAWAN	STREET ADDRESS CITY-ST-ZIP	08/12/05	01043009 ***300.00
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		Change
NAME		C Delete	NAME		Change Addition
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE	-	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-SI-ZIP		<b>-</b> .	CITY-ST-ZIP		
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	Portification in the information of the contract of	the shake fillings along a second	CITY-SI-ZIP	Castles 440 aways as 4	and the state of t
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 a raddress, with all other like empowered					
SIGNATURE: SIGNAPORE AND TYPIO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Proce #					
L					Coyuna rrione #