2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000120992

Entity Name: LEE MEAD, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

651 CAROLYN AVE 2918 BUSCH LAKE BLVD LITTLE TORCH KEY, FL 33042 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

2918 BUSCH LAKE BLVD 651 CAROLYN AVE LITTLE TORCH KEY, FL 33042 TAMPA, FL 33614

FEI Number: 01-0612122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY ROBERT F. COHEN 1201 HAYS STREET 2918 BUSCH LAKE BLVD TALLAHASSEE, FL 323012525 US TAMPA, FL 33614

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.

SIGNATURE: ROBERT F. COHEN 04/28/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

NOHE, LEE Name: Name: NOHE, LEE

651 CAROLYN AVE 500 S. BELCHER RD Address: Address: City-St-Zip: LITTLE TORCH KEY, FL 33042 City-St-Zip: LARGO, FL 33771

Title: Title: () Change () Addition () Delete

BIAGI, RICHARD Name: Name: 651 CAROLYN AVE Address: Address: LITTLE TORCH KEY, FL 33042 City-St-Zip: City-St-Zip:

LITTLE TORCH KEY, FL 33042

() Delete Title: Title: () Change () Addition

BIAGI, CAROLYN Name: Name: 651 CAROLYN AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Ρ SIGNATURE: LEE NOHE 04/28/2005