



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000026942 1. Entity Name DIRK ENTERPRISES, INC.					
Principal Place of Business 7808 JENNER AVE. NEW PORT RICHEY, FL 34655				Mailing Address 7808 JENNER AVE. NEW PORT RICHEY, FL 34655	
2. Principal Place of Business 100 Hampton Rd Suite, Apt. #, etc. Lot #290 City & State Clearwater FL Zip 33759 Country USA		3. Mailing Address 100 Hampton Rd Suite, Apt. #, etc. Lot #290 City & State Clearwater FL Zip 33759 Country USA		FILED 05 APR -5 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03232005 REIN-P CR2E098 (6/04) PINCTATEMENT 04-05 04-3620912	
6. Name and Address of Current Registered Agent EBERHARDT, RUSSELL L 7808 JENNER AVE. NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name Russell L. Eberhardt Street Address (P.O. Box Number is Not Acceptable) 100 Hampton Rd Lot #290 City Clearwater FL Zip Code 33759	
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>Russell L. Eberhardt</u> DATE: <u>3/30/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00				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	P EBERHARDT, RUSSELL L 7808 JENNER AVE. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 100 Hampton Lot 290 Clearwater FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EBERHARDT, IRENE N 7808 JENNER AVE. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President 100 Hampton Lot 290 Clearwater FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, DANIEL R 1108 HOLLYWOOD AVE. CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	700051209217 04/19/05--01050--012 **\$300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, KATHLEEN M 1108 HOLLYWOOD AVE. CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<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>Russell L. Eberhardt</u> President <u>3/30/05</u> (727) 796-1689 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Russell L Eberhardt