## 2005 FOR PROFIT CORPORATION REINSTATEMENT

Principal Place of Business Insight Multing Address P.D. 802 22 Phricipal Place of Business Insight Multing Address P.D. 802 22 Phricipal Place of Business Sum Apr. 1, etc.	FILED SECRETARY OF STATE		26	#P0200003812		
Process Place of Business    Assistance   Policy	SECRETARY OF STATE  OIVISION OF CORPORATIONS		UCTION CO.			
ASS MINIOLAMMER PLACE   P.O. BOX REZ   VALRICO, FL 33595   VALRICO, FL 33594   VALRI	05 NOV 22 PM 2: 45					
2. Principal Place of Business  Suits, Apt. F. etc.  11142005 REIN-P CR2E096 (6/04)  Chy & State  Ch			•			
Sulte, Apt. P. etc.  Sulte, Ap		~		-		
City & State  City & State Desired  Registered Agent  Name  Name  City & State Address of Now Registered Agent  Name  City & FL Zip Co  City FL Zip Co  After January 1, 2006, Fee will be 300.00  After January 1, 2006, Fee will be 300.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  After January 1, 2006, Fee will be 300.00  Title Nowlli FEE is \$150.00  Title N			. Mailing Address	ess 3.	ncipal Place of Busin	2. Principal f
Zip Country Zip Country S. Certificate of Status Desired S. S. 75 A. Fig. Power Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  1454 WINDJAMMER PLACE  VALRICO, FL 33594  City FL Zip Co  City FL Zip Co  City FL Zip Co  City FL Zip Co  After January 1, 2006, Fee will be \$300.00  Tit. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILE MAKE  TILE MONES  TILE MAKE  TILE MONES	11142005 REIN-P CR2E098 (6/04)		Suite, Apt. #, etc.		te, Apt. #, etc.	Suite, Apt
20 Country 20 Country 5. Certificate of Statum Decreal \$9.175	<u> </u>		City & State		y & State	City & Star
PABOR, DAVID E 14-54 WINDJAMMER PLACE  WALRICO, FL 33594  City  FL  Zip Co  City  City  FL  Zip Co  City  FL  Zip Co  City  City  City  City  City  FL  Zip Co  City  Ci	cuntry	Country	Zip	Country		Zip
Sireet Address (P.O. Box Number is Not Acceptable)    Chy		Name	Istered Agent	and Address of Current Regi	6. Name	
VALRICO, FL 33594  City FL Zip Co  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. 1 am familiar with the obligations of registered agent.						
B. 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida Statutes, and that my familiar with the floridate of or the receiver or business ampowered to succept the support as regulated by Chapter 607, Florida Statutes, and that my familiar with the floridate of the requirement of point is used and accurate and that my for the exemption and that my familiar with the approach and state of the corporation of the receiver	Streat Address (F.O. Box Nutriber is Not Acceptable)	Street Aud				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.	City FL Zip Code	City				
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TITLE DARROWS TREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY	In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice.					
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