

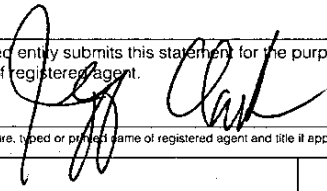
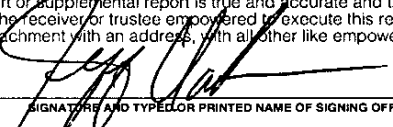


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |  |  |   |  |  |  |  |
|---|--|--|--|---|--|--|--|--|
| <b>DOCUMENT # P02000048093</b><br>1. Entity Name<br><b>S &amp; J DAILY ENTERPRISE INC.</b>  |  |  |  |    |  | <b>FILED</b><br><b>05 JAN 21 PM 1:08</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |  |
| Principal Place of Business<br><b>718 GREENLEAF DR.</b><br><b>TALLAHASSEE, FL 32305</b>   |  |  |  | Mailing Address<br><b>718 GREENLEAF DR.</b><br><b>TALLAHASSEE, FL 32305</b>   |  |  |  |  |
| 2. Principal Place of Business<br><b>1838-B Jacif Court</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>1838-B Jacif Court</b><br>Suite, Apt. #, etc. |  |   |  |  |  |  |
| City & State<br><b>Tallahassee FL</b>   |  | City & State<br><b>Tallahassee FL</b>                                  |  | 4. FEI Number<br><b>55-0791535</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |  |
| Zip<br><b>32308</b>   |  | Country<br><b>LEON</b>   |  | Zip<br><b>32308</b>   |  | Country<br><b>LEON</b>   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>CLARK, STACY</b><br><b>718 GREENLEAF DR.</b><br><b>TALLAHASSEE, FL 32305</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Jeffrey Scott Clark</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>718 Greenleaf drive</b><br>City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32305</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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  |  | (NOTE: Registered Agent signature required when reinstating)  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$300.00</b>  |  |  |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>CLARK, STACEY</b><br><b>718 GREENLEAF DR.</b><br><b>TALLAHASSEE, FL 32305</b> |  |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>CLARK, JEFF</b><br><b>718 GREENLEAF DR.</b><br><b>TALLAHASSEE, FL 32305</b>   |  |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>President</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |  |
| <b>REINSTATEMENT 04-05</b><br><b>900045453579</b><br><b>01/26/05--01045--002 ***300.00</b>  |  |  |  |   |  |  |  |  |
| 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. |  |  |  |   |  |  |  |  |
| <b>SIGNATURE:</b>    |  |  |  |   |  |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  | <small>Date</small>   |  | <small>Daytime Phone #</small>   |  |  |