


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 19 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090107	
1. Entity Name DUNGLOE ENTERPRISES, INC.	

Principal Place of Business 5473 SE SCHOONER OAKS WAY --- STUART, FL 34997	Mailing Address 5473 SE SCHOONER OAKS WAY --- STUART, FL 34997
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2. Principal Place of Business 4055 NW Deer Oak Dr.	3. Mailing Address 4055 NW Deer Oak Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jensen Beach, FL	City & State Jensen Beach, FL
Zip 34957	Country USA
Zip 34957	Country USA

11162004 REIN-P CR2E098 (6/04)

4. FEI Number 54-2069577	Applied For <input type="checkbox"/> Not Applicable
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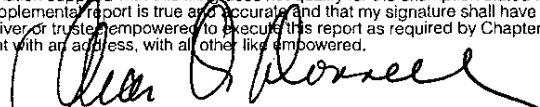
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VASSALOTTI, NICHOLAS S --- 8361 S.E. DOUBLE TREE DR --- HOBE SOUND, FL 33455 ---	7. Name and Address of New Registered Agent Name Ivana Sears Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City FL Zip Code 34990
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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 Ivana Sears Signature, typed or printed name of registered agent and title if applicable	DATE 11-16-04 (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'DONNELL, CHAR 5473 SE SCHOONER OAKS WAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4055 NW Deer Oak Dr. Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042897213 11/19/04--01031--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Char O'Donnell	DATE 11-16-04 772-287-1844 Daytime Phone #