


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000119680		
1. Entity Name KATHRYN A RUMMERY INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 29 PM 2:47

Principal Place of Business 80 E STREET SUITE 4 MARATHON, FL 33050	Mailing Address 103 CALLE ENSUENO MARATHON, FL 33050
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2. Principal Place of Business WATERFRONT SPECIALISTS SUITE, Apt. #, etc. 80th STREET STATION City & State MARATHON, FL Zip 33050 Country USA		3. Mailing Address 9754 AVIATION BLVD SUITE, Apt. #, etc. City & State MARATHON, FL Zip 33050 Country USA	
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11222004 REIN-P CR2E098 (6/04)

4. FEI Number 61-1445405		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent RUMMERY, KATHRYN A 103 CALLE ENSUENO MARATHON, FL 33050	
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7. Name and Address of New Registered Agent Name RUMMERY, KATHRYN A. Street Address (P.O. Box Number is Not Acceptable) 9754 AVIATION BLVD City MARATHON FL Zip Code 33050	
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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 <i>Kathryn A Rummary</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 11-22-04 (NOTE: Registered Agent signature required when reinstating)

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	PD RUMMERY, KATHRYN A 103 CALLE ENSUENO MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHRYN A. RUMMERY 9754 AVIATION BLVD MARATHON, FL 33050 <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	<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	600043042616 11/29/04-01058-003 **158.75 <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: <i>Kathryn A Rummary</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11-22-04-743-0644 305 17.11 c