

2004 FOR PROFIT CORPORATION REINSTATEMENT

10fz

FILED

04 DEC 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000010241	
1. Entity Name T. OSBORNE, INC.	



Principal Place of Business 409 GOLDEN PLACE PAHOKEE, FL 33476 US	Mailing Address 409 GOLDEN PLACE PAHOKEE, FL 33476 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10222004 REIN-P CR2E098 (6/04) 04

4. FEI Number 51-0443160	Applied For 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 OSBORNE, TOBIE L 348 KISMET AVENUE PAHOKEE, FL 33476		7. Name and Address of New Registered Agent Name Street Address (P.O. Box, etc.) City FL Zip Code	
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REINSTATEMENT

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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	P OSBORNE, TARRIES L 409 GOLDEN PLACE PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042355717 11/01/04--01061--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORNE, TOBE L 409 GOLDEN PLACE PAHOKEE, FL 33476 <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
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>Tarries L Osborne</i>	12/08/04	924-5557
TARRIES L OSBORNE	Date	Daytime Phone #

12-9-04 282

To whom it may concern

I am writing this letter to let
you know that I just received
this letter, because for some reason
it went to the wrong address which

~~was my father's address?~~ Not to
409 Golden place, Pahokee, FL 33476

and he didn't pay any attention
to the letter until he was getting
ready to pay his bill this month
and this is when I found out
it wasn't his mail. After reading
the letter about the 30 day deadline
I call and explained it was mistake
to send a letter of explanation of what
happened

~~Thank you~~

Tarries L. Osborne

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