


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026119		
1. Entity Name LEYLAND, INC.		

Principal Place of Business 12 RABBITS RUN PALM BEACH GARDENS, FL 33418	Mailing Address 12 RABBITS RUN PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business 311 Natchez Ct Suite, Apt. #, etc.	3. Mailing Address 311 Natchez Ct Suite, Apt. #, etc.
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City & State Jupiter FL	City & State Jupiter FL
Zip 33477	Zip 33477
Country Palm Beach	Country Palm Beach

6. Name and Address of Current Registered Agent LEYLAND, ANDREA S 12 RABBITS RUN PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name: Andrea S. Leyland Street Address (P.O. Box Number is Not Acceptable): 311 Natchez Ct City: Jupiter FL Zip Code: 33477	
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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.		4. FEI Number NOT APPLICABLE		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE: <i>[Signature]</i>		Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE: 11/29/05	

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 LEYLAND, ANDREA S 12 RABBITS RUN PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andrea S. Leyland 311 Natchez Ct Jupiter, FL 33477 <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	700061913197 12/05/05--01061--008 **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	<i>[Signature]</i> <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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 11/29/05 Daytime Phone # 358-8380

FILED  
05 DEC -5 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11292005 REIN-P CR2E098 (6/04)