


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000034842	
1. Entity Name COWBOYS PARTY BUS, INC.	

FILED

05 JAN -3 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1012 29 ST PALMETTO, FL 34221	Mailing Address 1012 29 ST PALMETTO, FL 34221
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2. Principal Place of Business 1012 - 29th ST. E	3. Mailing Address 2001 - 12th ST. W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

12162004 REIN-P CR2E098 (6/04)

City & State Palmetto, FL	City & State Bradenton, FL
Zip 34221	Zip 34205
Country USA	Country USA

4. FEI Number 54-2129266	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 HEPBURN, WILLIAM-JR 4305 19 AVE W BRADENTON, FL 34209

7. Name and Address of New Registered Agent Name C.A. Benkhardt Street Address (P.O. Box Number is Not Acceptable) 2001 - 12th ST. W City Bradenton FL Zip Code 34205

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 C.A. Benkhardt DATE 12/16/04
Signature, typed or printed name of registered agent and title if applicable. (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	D HADDIX, IAN G 1012 29 ST W PALMETTO, FL 34221 <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	50004379-4055 <input type="checkbox"/> Addition 01/03/05--01014--006 **150.00
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: IAN G HADDIX DATE 12/16/04 941-737-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR