
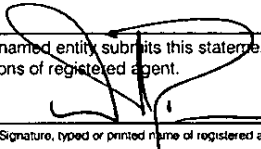
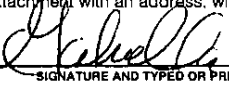


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096096 1. Entity Name LIPIZZAN PROPERTIES, INC.						FILED 05 NOV 22 PM 2:57 SECRET TALLAHASSEE, FLORIDA	
Principal Place of Business 32755 SINGLETARY RD MYAKKA CITY, FL 34251				Mailing Address 32755 SINGLETARY RD MYAKKA CITY, FL 34251			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 57-1158254				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RAJALA, TERESA L 720 S ORANGE AVE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name David W. Payne Street Address (P.O. Box Number is Not Acceptable) 240 South Pineapple Ave. #401 City Sarasota FL Zip Code 34236			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE Nov 14, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D P <input checked="" type="checkbox"/> Delete NAME HERRMANN, OTTOMAR JR Deceased STREET ADDRESS 32755 SINGLETARY ROAD CITY-ST-ZIP MYAKKA CITY, FL 34251				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300061636433 STREET ADDRESS 11722/05--01083--012 **\$750.00 CITY-ST-ZIP			
TITLE DST <input type="checkbox"/> Delete NAME LESTER, GABRIELLA STREET ADDRESS 32755 SINGLETARY ROAD CITY-ST-ZIP MYAKKA CITY, FL 34251				TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  GABRIELLA LESTER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11-16-2005 <small>Daytime Phone #</small>			