


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Nov 03, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # P03000039038</b> 1. Entity Name <b>LEMON &amp; LEMON STUDIOS, INC.</b>					
Principal Place of Business <b>227 NORTH RAVENNA STREET NOKOMIS, FL 34275-2350</b>			Mailing Address <b>227 NORTH RAVENNA STREET NOKOMIS, FL 34275-2350</b>		
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 <b>80-0056945</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LANGDON, ALLEN E PH.D. 125 FIRST AVENUE NOKOMIS, FL 34275</b>			7. Name and Address of New Registered Agent Name <b>Allen E. Langdon, Ph.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5059 Indian Mound Street</b> City <b>Sarasota</b> <b>FL</b> <b>34232-2661</b>		
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>Allen E. Langdon</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>October 5, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO LEMON, JOHN C 227 NORTH RAVENNA STREET NOKOMIS, FL 342752350	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060897153 10/24/05--01057--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEMON, SANDRA L 227 NORTH RAVENNA STREET NOKOMIS, FL 342752350	<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	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<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	[Blank]	<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>X [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>October 5, 2005</b> <small>Date</small>		
[Blank]			Daytime Phone #		

**REINSTATEMENT** *OS*



10052005 REIN-P CR2E098 (6/04)