

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000040496

FILED
Oct 21, 2004
Secretary of State

Entity Name: BAY AREA BLUEPRINT & REPROGRAPHICS, INC.

Current Principal Place of Business:

700 S PL BLVD
PENSACOLA, FL 32503

New Principal Place of Business:

700 S PACE BLVD.
PENSACOLA, FL 32501

Current Mailing Address:

700 S PL BLVD
PENSACOLA, FL 32503

New Mailing Address:

700 S PACE BLVD.
PENSACOLA, FL 32501

FEI Number: 57-1161835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, MICHAEL D
700 S PL BLVD
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

WALLACE, MICHAEL D
700 S PACE BLVD.
PENSACOLA, FL 32501 US

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.

SIGNATURE: MICHAEL D. WALLACE

10/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLACE, MICHAEL D
Address: 5914 MONTGOMERY AVE
City-St-Zip: PENSACOLA, FL 32526

Title: STD () Delete
Name: BREEZE, JAMES N
Address: 136 HILTON CIR
City-St-Zip: DEATSVILLE, AL 36022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. WALLACE

PRES

10/21/2004

Electronic Signature of Signing Officer or Director

Date