


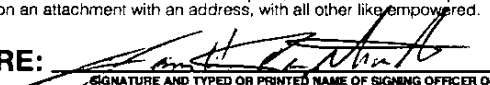


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000061645 1. Entity Name SOUTHERLAND, INC.						06 JAN -3 PM 3:55 SEC. OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05		
Principal Place of Business 238 SW FOX PLACE FORT WHITE, FL 32038				Mailing Address 238 SW FOX PLACE FORT WHITE, FL 32038				
2. Principal Place of Business 416 N.W. 95th Way Suite, Apt. #, etc.		3. Mailing Address 416 N.W. 95th Way Suite, Apt. #, etc.						
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 20-0042150		Applied For <input type="checkbox"/> Not Applicable		
Zip 32607		Country U.S.A.		Zip 32607		Country U.S.A.		
6. Name and Address of Current Registered Agent HATFIELD, ANDERSON E 4114 NW 13 STREET GAINESVILLE, FL 32609-1807				7. Name and Address of New Registered Agent Name James H. Southerland Jr. Street Address (P.O. Box Number is Not Acceptable) 416 N.W. 95th Way City Gainesville FL Zip Code 32607				
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>				(NOTE: Registered Agent signature required when reinstating) DATE 12-27-05				
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	NAME SOUTHERLAND, JAMES H JR.			<input type="checkbox"/> Delete		TITLE Pres.	NAME James H. Southerland Jr.	
STREET ADDRESS 238 SW FOX PLACE	CITY-ST-ZIP FORT WHITE, FL 32038			<input type="checkbox"/> Change		STREET ADDRESS 416 N.W. 95th Way	CITY-ST-ZIP Gainesville, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 12/27/05 352-215-9435 <small>Daytime Phone #</small>				