FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 22 AM 8:00

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000073846

1. Entity Name
ENDEAVORS INVESTIGATIONS, INC.

REINSTATEMENT 04

Principal Place of Business	Mailing Address
14033 NORTH DALE MABRY HWY. TAMPA, FL 33618	14033 NORTH DALE MABRY HWY. TAMPA, FL 33618

11142004 REIN-P CR2E098 (6/04) MRS

2. Principal Place of Business	3. Mailing Address
3417 E. FERN ST. Suite, Apt. #, etc.	3417 E. FERN ST. Suite, Apt. #, etc.
City & State: TAMPA FL.	City & State: TAMPA FL.
Zip: 33610 Country: HILLSBOURGH	Zip: 33610 Country: HILLBOURGH

4. FEI Number: 33-1065371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAITER, ENVIS T
14033 NORTH DALE MABRY HWY.
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name: PAUL E. JENNINGS
Street Address (P.O. Box Number is Not Acceptable): 3417 E. FERN ST.
City: TAMPA FL Zip Code: 33610

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: Paul E. Jennings DATE: 11-17-2004
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.

10. OFFICERS AND DIRECTORS	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAITER, ENVIS T 3417 E. FERN STREET TAMPA, FL 33610
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL E. JENNINGS 3417 E. FERN ST. TAMPA FL. 33610
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000042937670 11/22/04--01087--011 **158.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Paul E. Jennings 11-17-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #