

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000081169	
1. Entity Name ARTHUR M. VAUGHN BUILDING CORP.	



FILED

05 DEC -7 AM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11282005 REIN-P CR2E098 (6/04)

Principal Place of Business P.O. BOX 8366 MIAMI, FL 33155		Mailing Address P.O. BOX 8366 MIAMI, FL 33155	
2. Principal Place of Business <i>MIAMI FL</i>		3. Mailing Address <i>P.O. Box 8366</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI FLA</i>		City & State	
Zip <i>33155</i>	Country <i>DADE</i>	Zip	Country

4. FEI Number 65-0162334	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 VAUGHAN, ARTHUR 9141 S.W. 72ND AVENUE UNIT W-1 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name <i>ARTHUR VAUGHAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>9141 SW 72 AVE W-1</i> City <i>MIAMI</i> FL Zip Code <i>33156</i>	
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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 *Arthur M. Vaughan* DATE *05 DEC 05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, ARTHUR M 9141 S.W. 72ND AVENUE UNIT W-1 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>400061933494</i> <i>12/07/05--01042--015 **750.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: *Arthur M. Vaughan* / *Arthur M. Vaughan II* DATE *5 DEC 05* DAYTIME PHONE # *305 665 4344* / *305 323 4548*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR