## 2004 FOR PROFIT CORPORATION REINSTATEMENT

		, SANCE IN O 17	/ ( FIAIFFIA I							
DOCUMENT # P03000092644  1. Entity Name ROBERT T POST INC							,	FILEC 04 OCT 25 PI SECRETARY O TALLAHASSEE	4 3:51	
Principal Place	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address			7		SECRETARY	L	
2732 LINWOOD DRIVE			2732 LINWOOD DRIVE					TALL AHASSEL	' LFAUID'	
SARASOTA, FL 34232 US			SARASOTA, FL 34232 US					I Mrr.		
J										
2. Principal Place of Business			3. Mailing Address							
						I INNIHABI III			1915-11 11 12-11	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10202004	REIN-P	CR2E098 (6/04)		
City & State			City & State			4. FEI Numb	976995	<del></del>	pplied For	
7-			Zip Country			80-01	370333		ot Applicable	
Zìp	Country		Zip Cou		шу	<ol><li>Certificate</li></ol>	of Status Desired	□ \$8.75 Ad Fee Require		
6. Name and Address of Current I			Registered Agent		1	7. Name and Address of New Registered Agent				
ļ- <del>-</del>	· · ·	una Address of Outrem	* *	Name						
POST, ROI	BERTT								•	
2732 LINW		VE		Street Address			(P.O. Box Number is Not Acceptable)			
SARASOTA	A, FL 342	!32								
					City			FL Zip Cox	de	
O The charge							the in the Ctata of Ele			
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 ROBERT T. POST 10 22 0										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 In accordance with s: 607.193(2)(b), F.S., the										
		7EE 15 \$150.00 05, Fee will be \$300.0	20				In accordance v	with s: 607.193(2)(b), not receive the prior	notice	
Aitei Jaiii	uary 1, 200	JJ, ree Will be \$300.0					oci poration dia	not receive the prior	110000.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	Р		☐ Delete TITLE		E			Change	☐ Addition	
NAME	POST, RO		NAMI		E			-		
STREET ADDRESS 2732 LINWOOD DRIVE					ET ADDRESS					
CITY-ST-ZIP		TA, FL 34232	- · · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP					
TITLE	VP		☐ Delete	TITL				☐ Change	Addition	
NAME	POST, TIF		NAM			<b>300042165</b> ; 10/25/0401083014		65263		
<b>I</b>		VOOD DRIVE			ET ADDRESS	10/25/0401083-		014 <b>**</b> 150	. 00	
CITY-ST-ZIP		TA, FL 34232		UIIT	-ST-ZIP					
TITLE	CEO	ANDOCALE	<b>∠</b> Delete	TITU	- (				Addition	
NAME STREET ADDRESS	BEHREND, ANDREW F				ET ADDRESS					
CITY-ST-ZIP	394 SOUTHLAND ROAD VENICE, FL 34293				-ST-ZIP					
——— <del>—</del>		L 04233	Delete			··			CT Addition	
TITLE NAME	SEC	, ROBERT J	<b>∠</b> Delete	TITL NAM				☐ Change	Addition	
1		HLAND ROAD			ET ADDRESS					
CITY-ST-ZBP	VENICE, F				-ST-ZIP		129			
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITU			<del>(1 (0/c</del> -	☐ Change	☐ Addition	
NAME			L Delete	NAM	i		M.,			
STREET ADDRESS					ET ADDRESS		$\phi$			
CITY-ST-ZIP				CITY	-ST-ZIP		\			
TITLE			☐ Delete	TITL	:			☐ Change	Addition	
NAME		•		. NAM	E				_	
STREET ADDRESS				STRE	ET ADDRESS			mark a gray		
CITY-ST-ZIP			_	СПУ	-ST-ZIP					
12. I hereby c	ertify that the	information supplied with	n this filing does not qualify fo	r the exe	mption stated in Si	ection 119.07(3)(	i), Florida Statutes.	I further certify that the	nformation	
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 comporation or the relever or trustee empowered to execute this report as required by Chanter 807. 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: / KANATAWAY ROBERT T. POST / 10/07/04										
SIGNATURE: KOBERT T. POST Date Dayline Phone #										