


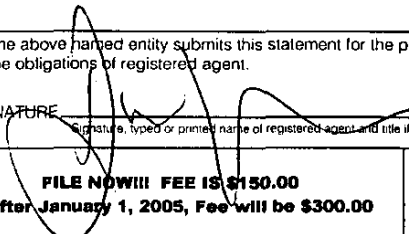
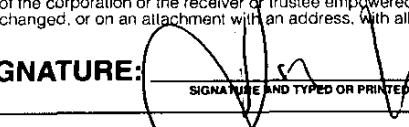
2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -4 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000092915			
1. Entity Name LYONS MORTGAGE & INVESTMENTS INC.			
Principal Place of Business 2203 LAKE DEBRA DRIVE #123 ORLANDO, FL 32835		Mailing Address 2203 LAKE DEBRA DRIVE #123 ORLANDO, FL 32835	
2. Principal Place of Business 10735 Emerald Chase Dr		3. Mailing Address 630 E. Vine St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Kissimmee FL	
Zip 32836		Country	
Zip 32836		Country	
6. Name and Address of Current Registered Agent MURRAY LYONS, DAVID J 2203 LAKE DEBRA DRIVE #123 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Murray Lyons, David J. Street Address (P.O. Box Number is Not Acceptable) 10735 Emerald Chase Dr. City Orlando FL Zip Code 32836	
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 		12-28-2004 DATE	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY LYONS, DAVID J 2203 LAKE DEBRA DRIVE #123 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10735 Emerald Chase Dr. Orlando FL 32836 <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	200043950812 01/04/05--01043--007 **150.00 <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	REINSTATEMENT 04 <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: 		12-28-2004 765-1070 Date Daytime Phone #	