2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P03000106592 1. Entity Name 04 NOV - 1 PM 4: 47 J.D. CONNORS, JR. & ASSOCIATES, INC. SECRETARY OF STATE TALLAHASSIE, FLORIDA Principal Place of Business Mailing Address 287 ISLAND CREEK DR 287 ISLAND CREEK DR VERO BCH, FL 32963 VERO BCH, FL 32963 2. Principal Place of Business 3. Mailing Address PLANSTATENENT DE 2098 (6/04) Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 20.029946 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONNORS, J.D. JR. Street Address (P.O. Box Number is Not Acceptable) 287 ISLAND CREEK DR VERO BCH, FL 32963 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 SIGNATURE f applicable (NOTE: Registered Agent signature required when reinstating) DATE t and titl FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition CONNORS, J.D. JR. NAME NAME 500042352435 STREET ADDRESS P.O.DRAWER 8082 STREET ADDRESS 11/01/04--01048--019 **158.75 CITY-ST-ZIP VERO BCH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLÉ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 with all other like empowered. SIGNATURE ATURE AND TYPED OR PRINTED NAME OF IGNING OFFICER OR DIRECTOR Daytime Phone