

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000112739	
1. Entity Name BLACK BAG CORPORATION	



Principal Place of Business 513 SOUTH 10TH STREET FORT PIERCE, FL 34950 US	Mailing Address 513 SOUTH 10TH STREET FORT PIERCE, FL 34950 US
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2. Principal Place of Business 11911 US HWY ONE Suite, Apt. #, etc.	3. Mailing Address 5480 CLUB CIRCLE Suite, Apt. #, etc.
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City & State NORTH PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33408	Zip 33415
Country Palm Beach	Country Palm Beach

03072005 REIN-P CR2E098 (6/04)

4. FEI Number 11-3705723	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name BRYAN BARNABAE Street Address (P.O. Box Number is Not Acceptable) 5480 CLUB CIRCLE City WEST PALM BEACH FL Zip Code 33415
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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: Bryan Barnabae BRYAN BARNABAE PRESIDENT/OWNER 3-6-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNABAE, BRYAN 1535 CENTREPARK DRIVE NORTH, #270 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D/C BARNABAE, BRYAN 5480 CLUB CIRCLE WEST PALM BEACH, FL 33415 <input checked="" 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	2000484U1102 03/15/05--01012--025 **308.75 <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
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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: Bryan Barnabae Bryan Barnabae P/T/S/D/C 3-6-05 561-471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5341

FILED

05 MAR 10 AM 3:02

SECRETARY OF STATE



3/11/05