
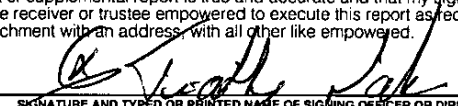


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000112938</b> 1. Entity Name <b>TIMOTHY NOLAN SCREEN, INC.</b>						<div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">FILED</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">05 DEC 12 PM 4:20</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">SECRETARY OF STATE</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>2101 E. MAIN ST. LEESBURG, FL 34748</b>				Mailing Address <b>16885 SE 251TH TERR UMATILLA, FL 32784</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>90-0119021</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NOLAN, TIMOTHY 16885 SE 251TH TERR UMATILLA, FL 32784</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>NOLAN, TIMOTHY 16885 SE 251TH TERR UMATILLA, FL 32784</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center; font-weight: bold; font-size: 1.5em; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="text-align: center; font-weight: bold; font-size: 1.5em;">85</div>		
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	<div style="text-align: center;"> <b>T. Roberts DEC 13 2005</b> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>400062098174</b>  <b>12/12/05--01041--001 **150.00</b> </div>		
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.							
<b>SIGNATURE:</b> 				Date <b>12-8-05</b> Daytime Phone #			