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138.00.00.00.00.00.00.00.00.00.00.00.00.00					SECRETARY OF STATE DIVISION OF CORPORATIONS  04 DEC 30 AM 8: 00	
Principal Place of Business Mailing Address 2728 TRINIDAD ST 2728 TRINIDAD ST SARASOTA, FL 34231 SARASOTA, FL 34231				REINSTATEMENT 04		
Principal Place of Business     3. Mailing Address				_		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		12092004 REIN-P CR2E098 (6/04) M	
City & State		City & State			4. FEI Number Applied For Not Applicab	
Zip <del></del> ←	Country	- Zip	Country_re		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  Name Allo				Allo	7. Name and Address of New Registered Agent en E. Langdon, Ph.D.	
1231 INST AVE				reet Address (P.O. Box Number is Not Acceptable)		
NOKOMIS	, FL 34275			125	5 First Avenue	
			City	Nok	komis <b>FL</b> 34275-424	
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  Signature, typed or printed name of registered agent and bite 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						
After Jar	nuary 1, 2005, Fee will be \$3				corporation did not receive the prior notice.	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D REDHEAD, STEPHEN C 2728 TRINIDAD ST SARASOTA, FL 34231	AND DIRECTORS  Detete	11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	2728	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  S, S, T  Head, Stephen C.  Trinidad Street asota, FL 34231	
TITLE NAME		. Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Additi	
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:  December 10, 2004						