



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000121232 1. Entity Name TRANHAM, INC.				FILED 05 NOV -7 PM 5:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8501 LAKE VINING CT. 5110 ORLANDO, FL 32821		Mailing Address 8501 LAKE VINING CT. 5110 ORLANDO, FL 32821 US		 10312005 REIN-P-6826098 (6/04) 05 REINSTATEMENT 75-3134927 Not Applicable	
2. Principal Place of Business 8548 LAKE VISTA CT. Suite, Apt. #, etc. 7108 City & State ORLANDO, FL.		3. Mailing Address 8548 LAKE VISTA CT. Suite, Apt. #, etc. 7108 City & State ORLANDO, FL.			
Zip 32821		Country Orange			
Zip 32821		Country Orange			
6. Name and Address of Current Registered Agent TRANHAM, NEAL H 8501 LAKE VINING CT. 5110 ORLANDO, FL 32821				7. Name and Address of New Registered Agent - Name TRANHAM, NEAL H Street Address (P.O. Box Number is Not Acceptable) 8548 LAKE VISTA CT 7108 City ORLANDO FL Zip Code 32821	
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 <u>Neal H. Trantham</u> <u>NEAL H. TRANHAM, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	P TRANHAM, NEAL H PRES. 8501 LAKE VINING CT. ORLANDO, FL 32821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061184057 11/07/05--01010--016 **150.00	
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	
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: <u>Neal H. Trantham</u> <u>NEAL H. TRANHAM, Pres</u> <u>10-31-05</u> <u>407 8270201</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					