

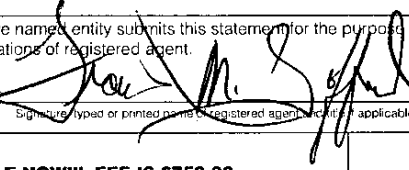
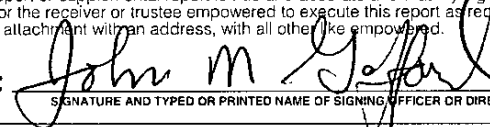


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 DEC 29 PM 3:48

DOCUMENT # P03000125835 1. Entity Name PATTERN RECOGNITION, INC.					
Principal Place of Business 3515 W. EMPEDRADO ST. TAMPA, FL 33629			Mailing Address 3515 W. EMPEDRADO ST. TAMPA, FL 33629		
2. Principal Place of Business 400 East Palm Ave. Suite, Apt. #, etc.		3. Mailing Address 400 East Palm Ave. Suite, Apt. #, etc.			
City & State Tampa, FL 33602		City & State Tampa, FL 33602		4. FEI Number 200364058	
Zip USA		Zip USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THARP, DANIEL J 3515 W. EMPEDRADO ST. TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Frank M. Gafford Street Address (P.O. Box Number is Not Acceptable) 224 East Duval Street City Lake City FL 32055	
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  Frank M. Gafford 12/28/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00				12/29/04--01049--007 **758.75 000043706980 12/29/04--01049--007 **758.75	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THARP, DANIEL J 3515 W. EMPEDRADO ST. TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John M. Gafford P.O. Box 1802 Lake City, FL 32056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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:  John M Gafford 12/28/04 386-752-5468 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					