2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000126230			The box be
AUSTIN & AUSTIN, P.A.			2006 OCT -9 AM 10: 28
Delacinal Blace of Business	Adailia - Adada		
Principal Place of Business 1400 PRUDENTIAL DR	Mailing Address 1400 PRUDENTIAL DR		SECRETARY OF STATE TALLAHASSEE.FLORIDA
SUITE 1 Jacksonville, FL 32207	SUITE 1 JACKSONVILLE, FL 322	207	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Principal Place of Business			
2. Findipar riadd of Business	3. Mailing Address		I ROKUMBAT III ABRUBA IIIIF BBIII BBIIF BEIDI IIKIB IIBIB DIKER IKADA IIKII KUKABAH IR IBBI
Suite, Apt. #, etc. Suite, Apt. #,		- "	10052006 REIN-P CR2E098 (11/05)
City & State	City & State		4. FEI Number -59-2584525 30-02/9633 Applied For Not Applied by
Zip Country	Zip	Country	5. Certificate of Status Desired See Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
AUSTIN, RONALD R		Name	
1400 PRUDENTIAL DR SUITE 1		Street Addre	ess (P.O. Box Number is Not Acceptable)
JACKSONVILLE, FL 32207			
4.		City	FL Zip Code
8. The above named entity submits this statement for the purpose of panging 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 / MILLION W/5/06			
Signature, typint or printed name of registered agent		: Registered Agent signature r	(equired when reinstating)
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.0	90		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRES NAME AUSTIN, RONALD R	☐ Delete	THLE NAME	Change Addition
STREET ADDRESS 1400 PRUDENTIAL DRIVE, STE	≣ 1	STREET ADDRESS	600080637496
CITY-ST-ZIP JAX, FL 32207	☐ Delete	CITY-S1-ZIP	10/89/06-01038-017 **150 00 change [7800]
NAME	_ 5000	NAME	_ Change _ hours
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delele	TITLE	Change Addition
NAME STREET ADDRESS		HAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	L. Delete	NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP TITLE	Data:	CITY-SI-ZiP TITLE	Change D Addition
NAME	□ · Detete	NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 10/5/06			
SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Division Program Date Division Program Date Division Program Divi			

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