2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			F-1	FILED		
DOCUMENT # P03000130057				05 SEP 21 PM	1:00	
	BIRTCHER, INC.	Carlo		05 34 21 7	· ·m[E	
Principal Plac	e of Business	Mailing Address		ET TALLANASSER EL	ORIDA 09-05	
2037 KENNE		2037 KENNETH STRE	ET 2207			
DUNGONTIE	22,112 3207	JANUARY CONTRACTOR OF			e, SEP, 2, 1, 2005	
3164 HarvarOston Loop 3164 Ha			ryston Loop			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08292005 REIN-P	CR2E098 (6/04)	
HoliDay F-C		Hol. Day	FL	4. FEI Number 200405351	Applied For Not Applicable	
3469	Pasc 6	34691	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New R	egistered Agent	
9951 ATLANTIC BLVD.				ess (P.O. Box Number is Not Acceptable)		
SUITE 418 JACKSONVILLE, FL 32225			2299	tall Pines Dr	IVE	
			City Lar	50	FL 35595 1-3881	
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. Lam familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of requisited agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
In accordance with s. 607.193(2)(b), F.S., the						
FI	LE NOW!!! FEE IS \$300.00				not receive the prior notice.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFF		
TITLE NAME	P S BIRTCHER, DANIEL	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	2037 KENNETH STREET	•	STREET ADDRESS			
CHY-ST-ZIP	JACKSONVILLE, FL 32207	Delete	CHY-ST-ZIP		Change Addition	
NAME	ANDERSON, DEBORAH	J Dolotte	NAME			
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32207		STREET ADDRESS CITY+ST-ZIP			
TITLE	JACKSONVILLE, FL 32207	☐ Delete	TITLE		Change Addition	
NAME			NAME	1.00059	536571	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	09/12/050109	54025 **300.00 <u> </u>	
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME PAREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY- ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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.						
chancer	progration of the receiver of trustee emp	owered to execute this repo with all other like empowers	ort as required by Chapter 6	07, Florida Statutes; and that my nam	ie appears in Block 10 of Block 11 if	
	progration of the receiver of trustee emp	with all other like empowere	ed.	U/, Florida Statutes; and that my ham	727-534-8270	