

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000133819		
1. Entity Name JOHN K MAHONY INC.		

Principal Place of Business 105 ALAN-A-DALE DR NICEVILLE, FL 32578 US	Mailing Address 105 ALAN-A-DALE DR NICEVILLE, FL 32578 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10122004 REIN-P CR2E098 (6/04)

4. FEI Number 20-0420983	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAHONY, SHEILA K 105 ALAN-A-DALE DR NICEVILLE, FL 32578	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Sheila K Mahony</i> Signature, typed or printed name of registered agent and if applicable.	DATE 10-11-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P&D MAHONY, JOHN K 105 ALAN-A-DALE DR NICEVILLE, FL 32578 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042314263 10/29/04--01054--001 ***150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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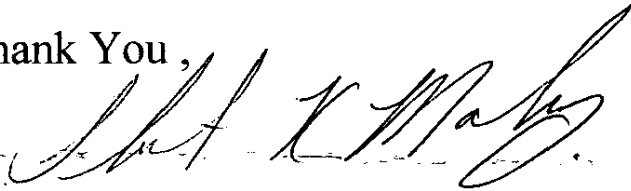
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: <i>John K Mahony</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10-11-04 880-582-8964 Date Daytime Phone #

October 12, 2004

Dear Sirs,

I am writhing requesting that you waive the reinstatement fee. I never received notice to file an annual report .I had phoned on Sept. 1 St. inquiring about the report after a customer of mine had made a comment about having to file his report. The gentleman that I spoke to said he was going to send out the forms. I have yet to receive the forms. We were hit by Hurricane IVEN on Sept.. 15th and I think that is why I never received the forms.

Thank You ,

A handwritten signature in cursive script, appearing to read 'Sheila K Mahony', written over a horizontal line.

Sheila K Mahony
registered Agent
John K Mahony Inc.