


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000139074 1. Entity Name JOSHUA ELMORE INC.					
Principal Place of Business 4375 TRAILER PARK CT. MILTON, FL 32583			Mailing Address 4375 TRAILER PARK CT. MILTON, FL 32583		
2. Principal Place of Business 2175 Buckingham Rd Suite, Apt. #, etc.			3. Mailing Address 2175 Buckingham Rd Suite, Apt. #, etc.		
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 41-2118433	
Zip 32526		Country Escambia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELMORE, JOSHUA 4375 TRAILER PARK CT. MILTON, FL 32583				7. Name and Address of New Registered Agent Name Elmore, Joshua Street Address (P.O. Box Number is Not Acceptable) 2175 Buckingham Rd City Pensacola FL Zip Code 32526	
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 Joshua Elmore DATE 4-29-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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 ELMORE, JOSHUA 4375 TRAILER PARK CT. MILTON, FL 32583		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elmore, Joshua 2175 Buckingham Rd. Pensacola, FL 32526	
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	100054340981 05/12/05--01072--016 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100054340961 05/12/05--01072--017 **8.75	
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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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: Joshua Elmore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-29-05 <small>Daytime Phone #</small>		

FILED

05 MAY -3 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 REIN-P CR2E098 (6/04)

T. Roberts 1/19/04

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Elmore, Joshua**

Street Address (P.O. Box Number is Not Acceptable)

2175 Buckingham Rd

City **Pensacola**

FL

Zip Code **32526**

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 **Joshua Elmore**

DATE **4-29-05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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

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SIGNATURE: **Joshua Elmore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-29-05**
Daytime Phone #