

# 2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10252004 REIN-P CR2E098 (6/04) *MRD*

DOCUMENT # P03000141422					
1. Entity Name TIM DONAHUE ENTERPRISES INC.					
Principal Place of Business 3249 BLUESTONE AVE SPRING HILL, FL 34609		Mailing Address 3249 BLUESTONE AVE SPRING HILL, FL 34609			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 84-1630763	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONAHUE, TIMOTHY 3249 BLUESTONE AVE SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name Timothy Donahue Street Address (P.O. Box Number is Not Acceptable) 8775 Ostrom Way Weeki Wachee, FL 34613-8400 City FL Zip Code		
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>Timothy Donahue Pres.</i> <i>Timothy P. Donahue</i> 10/04/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, TIMOTHY 3249 BLUESTONE AVE SPRING HILL, FL 34609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donahue, Timothy 8775 Ostrom Way Weeki Wachee, FL 34613-8400 <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	REINSTATEMENT 04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042746458 11/15/04--01048--011 **150.00	
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	<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: <i>Timothy Donahue Pres.</i> <i>Timothy P. Donahue</i> 11/04/04 813 927-7267 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

292

11/4/2004

To whom it may concern

Tim Donahue Enterprises Inc. was NOT  
Incorporated until Nov. 20, 2003. As he did not  
get notified that a Corporation Fee was due, He  
figured that a payment was <sup>not</sup> due until the beginning  
of 2005.

Yours Truly