

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000141482 1. Entity Name WAYNE C. SIMON, INC.					
Principal Place of Business 4645 NW 219TH ST RD MICANOPY, FL 32667			Mailing Address 4645 NW 219TH ST RD MICANOPY, FL 32667		
2. Principal Place of Business 189 HUNTLEY DRIVE STH Suite, Apt. #, etc.		3. Mailing Address 189 HUNTLEY DRIVE STH Suite, Apt. #, etc.			
City & State LAKE PLACID FL		City & State LAKE PLACID FL		4. FEI Number 20-1705921	
Zip 33852		Country HIGHLANDS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SIMON, WAYNE C 4645 NW 219TH ST RD MICANOPY, FL 32667				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT <input type="checkbox"/> Delete NAME SIMON, WAYNE C STREET ADDRESS 4645 NW 219TH ST RD CITY-ST-ZIP MICANOPY, FL 32667				TITLE PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SIMON, WAYNE C STREET ADDRESS 189 HUNTLEY DRIVE STH CITY-ST-ZIP LAKE PLACID FL 33852	
TITLE VS <input type="checkbox"/> Delete NAME SIMON, BARBARA J STREET ADDRESS 4645 NW 219TH ST RD CITY-ST-ZIP MICANOPY, FL 32667				TITLE VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SIMON BARBARA J. STREET ADDRESS 189 HUNTLEY DRIVE STH CITY-ST-ZIP LAKE PLACID FL 33852	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ 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.					
SIGNATURE WAYNE C SIMON PRESIDENT 10.5.04 863 699- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10052004 REIN-P CR2E098 (6/04)

FL

Zip Code

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