2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUI 1. Entity Nam NORTH F				FILED 05 OCT 25 AM 9:48 SECKLIANT OF STATE TALLAHASSEE, FLORIDA							
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Principal Place of Business Mailing Address								TALLAH	ACCEPT S	HAT	F
2073 MANUC					~~ 37 17	HOUCE, FL	.ORID	ÌΔ			
2073 MANUCY COURT 2073 MANUCY COURT MIDDLEBURG, FL 32068 MIDDLEBURG, FL 3206											~
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Principal Place of Business											
2. Principal Place of Business			3. Mailing Address					T E	HILLI CIBN CLEM CST	T ISTAN SEA	N at ra (ee)
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10182005	REIN-P	CR2E098	(6/04)	
City & State			City & State				4. FEI Number 20-0449			-	oplied For
Zip		Country	Zip	itry			\$9.75 Additional				
				·	5. Certificate of Status De			Fee Hequired			
		Name		7. Name and	Address of New Ro	egistered Agen	t				
THOMAS, KEVIN A											
2073 MANUCY COURT					Street Address (P.O. Box Number is Not Acceptable)						
MIDDLEBU	JRG, FL						-				
					City				FL	Zip Code	е
			r the purpose of changing its	register	ed office or	register	ed agent, or both	n, in the State of Flo	rida. I am tamili	ar with,	and accept
the obligations of registered agent.											
SIGNATURE— 10-2 -05											
Signature, typed or printed have oblogistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
10.		- OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/0	CHANGES TO OFFI	CERS AND DIR	ECTOR	S IN 11
TITLE	PDST.		☐ Delete	E					Change	Addition	
NAME	I	, KEVIN A		E		90	100609 10501031	1749	39		
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NAME			La beleta	NAM			MEIN	STATE	WE E	ij	0
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NAME OTHER ADDRESS				NAM	EET ADDRESS			· no	ibarta Ac	TA	0.00
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP				UG.	12	8 ZWK
TITLE		· · · · · · · · · · · · · · · · · · ·	Detete	TITL			*t '	the state of		Change.	Addition
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CITY-ST-ZIP _			<u>. : :</u>		-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? 10-21-05 904.813.6974											6974
COUNTY!	_^ 1.15 ت. د	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR			Date	Daytime	Phone #	