

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
LY-ENT INC
#P03000148323

2. Principal Office Address
Glenn Louviere
Suite, Apt. #, etc.
5871 Congress ST
City & State
Gulf Breeze FL
Zip
32563 Country
Santa Rosa

3. Mailing Office Address
Glenn Louviere
Suite, Apt. #, etc.
5871 Congress ST
City & State
Gulf Breeze FL
Zip
32563 Country
Santa Rosa

FILED
05 MAY 26 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name
ROBERT R YOUNT

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

Suite, Apt. #, Etc.
DEFOUNIAK SPRINGS

City
DEFOUNIAK SPRINGS State
FL Zip Code
32433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
R.R. Yount Date
5-3-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Glenn Louviere	5871 Congress ST	Gulf Breeze FL 32563
Vice Pres	Robert Yount	647 Roberts Dr	DeFouiake Spns 32433

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06/03/05 01051 024 **150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **R.R. Yount** Date
5-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)