


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000156872</b> 1. Entity Name <b>THE BUSINESS DIRECTORY, INC.</b>					
Principal Place of Business <b>4806 HAMLETS GR. DR.</b> <b>SARASOTA, FL 34235 US</b>			Mailing Address <b>4806 HAMLETS GR. DR.</b> <b>SARASOTA, FL 34235 US</b>		
2. Principal Place of Business <b>9040 TOWN CENTER PKWY</b> Suite, Apt. #, etc. <b>214</b> City & State <b>BRADENTON, FL</b> Zip <b>34202</b> Country <b>MANATEE</b>		3. Mailing Address <b>same as</b> Suite, Apt. #, etc. <b>box 2</b> City & State  Zip  Country  			
4. FEI Number  Applied For <input checked="" type="checkbox"/> Not Applicable			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MICHAEL JAY RATERINK, J.D., ESQ., P.A.</b> <b>1459 TALLEVAST ROAD</b> <b>SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			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	DP HENRY, KIRK A 4806 HAMLETS GR. DR. SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAPOZZI, JOSEPH C 4806 HAMLETS GR. DR. SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 \_\_\_\_\_

B. Mitchell OCT 13 2005