


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013133		
1. Entity Name THE GREGORY GROUP, INC.		

Principal Place of Business 1415 ATLANTIC BLVD SUITE C NEPTUNE BEACH, FL 32266	Mailing Address 1015 ATLANTIC BLVD. SUITE 298 ATLANTIC BEACH, FL 32233
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2. Principal Place of Business - No P.O. Box # 926 Florida Blvd	3. Mailing Address PO Box 330333
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State NEPTUNE BEACH, FL	City & State ATLANTIC BEACH, FL
Zip 32266	Zip 32233
Country US	Country US



6. Name and Address of Current Registered Agent BIRDSONG, GREGORY S 926 FLORIDA BLVD. NEPTUNE BEACH, FL 32266	
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4. FEI Number 37-1483504		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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.

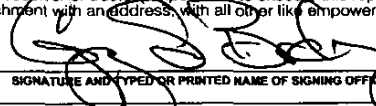
SIGNATURE  DATE 10/9/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRDSONG, GREGORY S 926 FLORIDA BLVD. NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136872141 10/13/08--01043--010 **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
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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 exemptions contained in Chapter 119, 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:  DATE 10/9/08 DAYTIME PHONE # 904 237 6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
08 OCT 13 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

10/14