## 2005 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P0400034664  1. Entity Name LOGGERHEAD FINANCIAL, INC.  |                          |   |  |                 |          |                            |  |   |                          |                        | AM 10: 33         |                             |  |
|--|--------------------------|---|--|-----------------|----------|----------------------------|--|---|--------------------------|------------------------|-------------------|-----------------------------|--|
| Principal Place<br>159 BAHAMA<br>DUCK KEY, FI  | DR SOUTH                 | 159 BAHAN                               | Mailing Address 159 BAHAMA DR SOUTH DUCK REY, FL 33050 |                 |          |                            | l Waits  | r da Bami Prad Badi                                     | PRIN SEMI PRISE I        | OF STATE<br>E, FLORIDA | i.                |                             |  |
| 2. Principal P   | lace of Busir            | 3. Mailing Ad                           | 3. Mailing Address                                     |                 |          |                            |  |   |                          |                        |                   |                             |  |
| Suite, Apt.  | #, etc.                  | Suite, Apt.                             | Suite, Apt. #, etc.                                    |                 |          |                            | 1011200  | 5 REIN-P  | C                        | R2E098 (6/04)          |                   |                             |  |
| City & State   |                          |   | City & State   | City & State    |          |                            |  | 4. FEI Nur  | nber<br>3 - 038          | 3373                   | 2 AF              | oplied For<br>ot Applicable |  |
| Zip  |                          | Country                                 | Zip  | Zip Cou         |          |                            |  | 5. Certificate of Status Desired S8.75 Add Fee Required |                          |                        | ditional          |                             |  |
| 6. Name and Address of Current Registered Agent  |                          |   |  |                 |          |                            | 7. Name and Address of New Registered Agent Name   |   |                          |                        |                   |                             |  |
| CASEY, S <sup>-</sup><br>159 BAHA<br>DUCK KEY  | MA DR S                  | OUTH                                    |  |                 |          |                            | Street Address (P.O. Box Number is Not Acceptable) |   |                          |                        |                   |                             |  |
| DOOK KE  | 1,12 000                 |   |  |                 |          |                            |  |   |                          |                        |                   |                             |  |
| i  |                          |   | _  |                 |          | City                       |  |   |                          |                        | FL Zip Cod        | e                           |  |
| 8. The above the obligat   | named entitions of regis | y submits this statement<br>tered agent | for the purpose of                                     | changing its re | egistere | ed office or               | register   | ed agent, or  | both, in the Stat        | e of Florida. 1        | am familiar with, | and accept                  |  |
| SIGNATURE Stratury type of printed name of registered agest and tide if applicable (NOTE: Registered Agent signature reducting) the printed name of registered agent algorithms reducting when reinstating) DATE   |                          |   |  |                 |          |                            |  |   |                          |                        |                   |                             |  |
| FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., th corporation did not receive the prior notice.  |                          |   |  |                 |          |                            |  |   |                          |                        |                   |                             |  |
| 10.  |                          | OFFICERS AN                             | D DIRECTORS  |                 | 11.      |                            |  | ADDITION  | L<br>NS/CHANGES T        | O OFFICERS             | AND DIRECTOR      | S IN 11                     |  |
| TITLE<br>NAME  | ☐ Delete TITU            |   |  |                 |          | :                          | P  | ohen C  | asev                     |                        | Change            | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | STRE                     |   |  |                 |          | ET ADDRESS<br>ST-ZIP       | 159<br>Duz   | BAHAM.  | ASEY<br>A Drive<br>ey FL | 5017h<br>33052         | )                 |                             |  |
| TITLE<br>NAME  | Delete TITL              |   |  |                 |          |                            |  |   | •                        |                        | ☐ Change          | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZiP  | STR                      |   |  |                 |          | et address<br>St-zip       |  | 10/1  | 0006                     | 0727<br>0000           |                   | ın                          |  |
| TITLE<br>NAME  | ☐ Delete TiTLE NAM       |   |  |                 |          |                            |  | 107 1   | ינטייט בטיוט             | د.بانيا سالايانيا<br>- | ☐ Change          | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |                          |   |  |                 | STREE    | et address<br>•ST-ZIP      |  |   |                          |                        |                   |                             |  |
| TITLE<br>NAME  |                          |   |  | Delete          | TITLE    |                            |  |   |                          |                        | ☐ Change          | ☐ Addition                  |  |
| STREET ADDRESS   |                          |   |  |                 | STREE    | ET ADDRESS                 |  |   |                          |                        |                   |                             |  |
| CITY-ST-ZIP  |                          |   |  | Delete          | CITY-    | ST-ZIP                     |  |   |                          |                        | ☐ Change          | ☐ Addition                  |  |
| NAME   |                          |   |  | J Delete        | NAME     |                            | ١  | KB (0   | 1,4                      |                        | C) Change         |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |                          |   |  |                 |          | et address<br>•St-Zip      | (  | Dor co  | (10                      |                        |                   |                             |  |
| TITLE  |                          |   |  | ] Delete        | TITLE    |                            |  |   |                          |                        | ☐ Change          | Addition                    |  |
| NAME<br>Street Address<br>City-St-Zip  |                          |   |  |                 |          | :<br>Et address<br>: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 dustee 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: Stephen CASEY 10-11-05  |                          |   |  |                 |          |                            |  |   |                          |                        |                   |                             |  |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNIDAR OFFICER OR DIRECTOR  Date  Dat |                          |   |  |                 |          |                            |  |   |                          |                        |                   | <del></del>                 |  |