


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000040320					
1. Entity Name SEFERN CORPORATION					
Principal Place of Business 12315 SONDRACOVE TRAIL NORTH JACKSONVILLE, FL 32225 US			Mailing Address 12315 SONDRACOVE TRAIL NORTH JACKSONVILLE, FL 32225 US		
2. Principal Place of Business 12782 Fernbank Lane Suite, Apt. #, etc. N/A City & State Jacksonville, Florida Zip 32223 Country USA		3. Mailing Address 12782 Fernbank Lane Suite, Apt. #, etc. N/A City & State Jacksonville, Florida Zip 32223 Country USA			
4. FEI Number 02-071936A		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BENSON, JAMES R 12315 SONDRACOVE TRAIL NORTH JACKSONVILLE, FL 32225			
7. Name and Address of New Registered Agent Name Kendra M. Benson Street Address (P.O. Box Number is Not Acceptable) 12782 Fernbank Lane City Jacksonville FL Zip Code 32223		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: <u>Kendra Benson - President</u> July 24, 2006 <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BENSON, JAMES R <input type="checkbox"/> Delete 12315 SONDRACOVE TRAIL NORTH JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James R. Benson 12782 Fernbank Lane Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR BENSON, KENDRA M <input type="checkbox"/> Delete 12315 SONDRACOVE TRAIL NORTH JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kendra M. Benson 12782 Fernbank Lane Jacksonville, FL 32223	
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 100078526001 08/09/06--01037--006 **308.75	
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	
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: <u>Kendra Benson</u> Kendra Benson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-24-06 904-899-2500 <small>Date Daytime Phone #</small>		

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REINSTATEMENT
07-24-2006 REIN-P CR2E098 (11/05) 05:06