


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 22 PM 2:52

DOCUMENT # P04000052748		
1. Entity Name 1 FINANCIAL RESOURCE SERVICE INC.		

Principal Place of Business 10636 INDIGO HILLS LANE JACKSONVILLE, FL 32221 US	Mailing Address 10636 INDIGO HILLS LANE JACKSONVILLE, FL 32221 US
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REINSTATEMENT 05

2. Principal Place of Business 445 Monument Rd Suite, Apt. #, etc. Ste 601	3. Mailing Address PO Box 447143 Suite, Apt. #, etc.
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11172005 REIN-P CR2E098 (6/04)

City & State Jacksonville FL	City & State Jacksonville, FL	4. FEI Number 41-2116614	Applied For Not Applicable
Zip 32225	Country USA	Zip 32222	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Ruby Clavelle Street Address (P.O. Box Number is Not Acceptable) 445 Monument Rd # 601 City Jacksonville FL Zip Code 32225	
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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 Ruby Clavelle (NOTE: Registered Agent signature required when reinstating) DATE 11/15/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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	D CLAVELLE, RUBY D 10636 INDIGO HILLS LANE JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061623205 11/22/05--01042--009 <input type="checkbox"/> Change <input type="checkbox"/> Addition **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, AL J P.O. BOX 26886 JACKSONVILLE, FL 32206 <input checked="" 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
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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 exemption stated in Section 119.07(3)(l), 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: Ruby Clavelle 11/16/05 904.673.2754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #