

2005 FOR PROFIT CORPORATION REINSTATEMENT


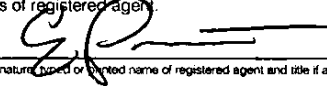

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2005 NOV -8 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11012005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000053210			
1. Entity Name E & A ENTERPRISES OF TALLAHASSEE INC			
Principal Place of Business 4425 W SHANNON LAKES DR TALLAHASSEE, FL 32309-2217		Mailing Address 4425 W SHANNON LAKES DR TALLAHASSEE, FL 32309-2217	
2. Principal Place of Business 2415 North Monroe St Suite, Apt. #, etc. Tallahassee Mall - 249		3. Mailing Address 2415 North Monroe St Suite, Apt. #, etc. Tallahassee Mall - 249	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32303	Country USA	Zip 32303	Country USA
4. FEI Number 20-0921078		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAXON, KENNETH M CPA 1154 GOVERNORS CT PL TALLAHASSEE, FL 32301		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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	DPS PERSONETT, ERIN L 4425 W SHANNON LAKES DR TALLAHASSEE, FL 323092217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS Personett, Erin L 2415 North Monroe St - 249 Tallahassee FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT PERSONETT, ANDREA 530 WILLIAMS ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600061256236 11/08/05--01041--003 **150.00 <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)(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: Erin Personett  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		11/2/05 <small>Date</small> 850-878-8944 <small>Daytime Phone #</small>	

11/9/05