

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000064966

Entity Name: SEMI-SANE HOLDINGS, INC.

FILED  
Sep 20, 2005  
Secretary of State

## Current Principal Place of Business:

PO BOX 5909  
NAVARRE, FL 32566

## New Principal Place of Business:

1866 CONSTITUTION DRIVE  
NAVARRE, FL 32566

## Current Mailing Address:

PO BOX 5909  
NAVARRE, FL 32566

## New Mailing Address:

FEI Number: 20-0943292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATTE, BRIAN  
2254 BANYAN DRIVE  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

BATTE, BRIAN  
1129 SUNSET LANE  
GULF BREEZE, FL 32563 US

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.

SIGNATURE: BRIAN BATTE

09/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BATTE, BRIAN E  
Address: 2254 BANYAN DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: V ( ) Delete  
Name: BATTE, RUSTI C  
Address: 2254 BANYAN DRIVE  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BATTE, BRIAN E  
Address: 1129 SUNSET LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: V (X) Change ( ) Addition  
Name: BATTE, RUSTI C  
Address: 1129 SUNSET LANE  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN BATTE

P

09/20/2005

Electronic Signature of Signing Officer or Director

Date