


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000065782</b> 1. Entity Name <b>DICK'S WINGS, INC. OF YULEE</b>						05 FEB 22 PM 12:04	
Principal Place of Business <b>44095 GREEN MEADOWS WAY CALLAHAN, FL 32011</b>				Mailing Address <b>44095 GREEN MEADOWS WAY CALLAHAN, FL 32011</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>YONG, FRANK J. 4570 ST. JOHNS AVENUE SUITE 1 JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement 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.				4. FEI Number <b>20-1040938</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <b>1/11/05</b>			
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>				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 <b>PRESIDENT ERIC L. HOWARD II 44095 GREEN MEADOWS LN. CALLAHAN, FL 32011</b>				TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>900067471759 03/09/06--01037--004 **150.00</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>B 2/24/06 REINSTATEMENT 05-04</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>900067471759 03/09/06--01037--005 **150.00</b>			
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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: <b>Eric L. Howard II</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>11/1/05</b> Daytime Phone #: <b>904-596482</b>			