

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000077065 1. Entity Name KEVIN TYLER, INC						FILED 05 DEC 30 AM 9:43 TALLAHASSEE, FL 	
Principal Place of Business 5171 BROKEN ARROW DRIVE JACKSONVILLE, FL 32244				Mailing Address 5171 BROKEN ARROW DRIVE JACKSONVILLE, FL 32244			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			12152005 REIN-P CR2E098 (6/04)	
City & State Zip Country			City & State Zip Country			4. FEI Number 03-0542512	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required						Applied For Not Applicable	
6. Name and Address of Current Registered Agent TYLER, KEVIN 5171 BROKEN ARROW DRIVE JACKSONVILLE, FL 32244				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:				(NOTE: Registered Agent signature required when reinstating) 26 DEC 05 DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D TYLER, KEVIN 5171 BROKEN ARROW DRIVE JACKSONVILLE, FL 32244 <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 900062482739 12/30/05--01004--010 **758.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete B 1/4/05			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 REINSTATEMENT 05			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 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:				KEVIN TYLER 26 Dec 05 904-610-9232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			