
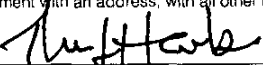


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 OCT 12 AM 10:43

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000088490			
1. Entity Name EQUITY MATCH INC.			
Principal Place of Business 146 VERDE WAY DEBARY, FL 32713		Mailing Address 146 VERDE WAY DEBARY, FL 32713	
2. Principal Place of Business - No P.O. Box # 146 VERDE WAY		3. Mailing Address 146 VERDE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Debarry, FL		City & State Debarry, FL	
Zip 32713		Zip 32713	
Country NOLUSIA		Country NOLUSIA	
4. FEI Number 20-1216532		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 HARBLIN, THOMAS 146 VERDE WAY DEBARY, FL 32713		7. Name and Address of New Registered Agent Name THOMAS J. HARBLIN Street Address (P.O. Box Number is Not Acceptable) 146 VERDE WAY City Debarry FL 32713	
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 10/9/07 (NOTE: Registered Agent signature required when reinstating)			
_ FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 D <input type="checkbox"/> Delete NAME HARBLIN, THOMAS J STREET ADDRESS 146 VERDE WAY CITY-ST-ZIP DEBARY, FL 32713		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100110735151 STREET ADDRESS 10/12/07--01053--015 **150.00 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 10/9/07 (386) 742-1600	