


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000092599</b>		
1. Entity Name <b>PAHAL-MORGAN ENTERPRISES, INC.</b>		

FILED  
08 OCT 20 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1913 HWY 87 NAVARRE, FL 32566 US</b>	Mailing Address <b>1913 HWY 87 NAVARRE, FL 32566 US</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>1805 ALHAMBRA ST</b>	3. Mailing Address <b>1805 ALHAMBRA ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <b>NAVARRE, FL</b>	City & State <b>NAVARRE, FL</b>
Zip <b>32566</b>	Country <b>US</b>
Zip <b>32566</b>	Country <b>US</b>

4. FEI Number <b>20-1345243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LYNCHARD LAW FIRM, P.A. 8285 NAVARRE PARKWAY NAVARRE, FL 32566</b>	
--	--

7. Name and Address of New Registered Agent Name <b>Lynchard Law Firm, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1901 Andorra St.</b> <b>Navarre</b> City <b>Navarre</b> FL Zip Code <b>32566</b>	
---	--

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 <b>[Signature]</b> Signature, typed or printed name of registered agent and title, if applicable.	DATE <b>10/19/08</b> DATE

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAHAL-MORGAN, TAMMY 6908 SEA BASS CIR NAVARRE, FL 32566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20013708888</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10/20/08--01058--003 **150.00</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>10/14/08</b> DATE	DAYTIME PHONE # DAYTIME PHONE #
---	------------------------------	------------------------------------