## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUI 1. Entity Name FIRST BA	e	# P0400099 LTY, INC.	703				FILE:
Principal Place		S	Mailing Address 2826 TAMIAMI TRAIL				STC TALL
PORT CHARLO	OTTE, FL 3	3952	PORT CHARLOTTE, FL 33952				
2. Principal Pl			3. Mailing Address				
1430 N Suite, Apt.		<u>5</u> T	1430 NW 21 ST Suite, Apt. #, etc.				01112006 REIN-P CR2E098 (11/05)
CRYSTAL RIVER FL			City & State CRYSTAL RPUER FL				4. FEI Number Applied For
34428	Zip Country		Zip Cour				30-1321336   Not Applicable     5. Certificate of Status Desired   \$8.75 Additional
71740	6. Name and Address of Current				X 3A		7. Name and Address of New Registered Agent
YOHE, MARK D F. DRYS							
C/O M.Y. FUTURE 680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426							P.O. Box Number is Not Acceptable)
BOTATON	DEACH,	12 00420			EEYS	TA L	ROVER FL ZIDGOTES
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 Gradion of registered agent.							
SIGNATURE EDWARD F. DRYSDALE 01/11/2006							
Separative, two-st or printed issues of registered agent and title displacable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE							
FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10.		OFFICERS AND	<del></del>	1.		D, f	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D DRYSDAI	LE, EDWARD F	Delete		ITLE AME		<b>/</b> ** · –
STREEL ADDRESS CITY ST ZIP		HAMI TRAIL			TREET ADORESS		ONW 21 ST STAL RIVER FL 34428
IITLE			☐ Delete		ITLE	(14)	DEBUG A 17   Addition
NAME Street address					AME Treet address		02/02/ <del>96 -01/42 (1) **</del> 300.00
CITA 21 TILE			☐ Delete		ITY+ST+ZIP ITLE		✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
NAME			U Deide	N/	AME		TS 103/De 1
STREET ADDRESS CITY ST ZIP					TREET ADDRESS TTY-ST ZIP .		TOTO FRANCIST A DES
TITLE NAME			☐ Delete		ITLE AMÉ		Tandillon
STREET ADDRESS				SI	TREET ADDRESS		
CHY ST ZIP			☐ Delete		ITY-ST-ZIP		Change Addition
NAME STHEET ADDRESS					IAME TREET ADDRESS		200065286302 02/06/0601057001 **300,00
CITY ST ZIP				CI	ITY-ST ZIP		02700700 01007 001 ***300.00
TITLE NAME			☐ Defete		ITLE IAME		Change Addition
STREET ADDRESS ONLY ST ZIP					TREET ADDRESS		
12. Thereby 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 supplied ental 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. The receiper 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 and that the information and report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the information indicated in the i							
SIGNATURE DE PRESIDENT 01/11/2006 (941) 661-8165							
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Director  Director							