

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000108299	
1. Entity Name RE ASSET MANAGEMENT, INC.	



FILED

05 NOV -7 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4389 PORT ARTHUR ROAD JACKSONVILLE, FL 32224	Mailing Address 1650-302 MARGARET STREET 223 JACKSONVILLE, FL 32204
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2. Principal Place of Business 3967 Oak Street Suite, Apt. #, etc.	3. Mailing Address 3967 Oak St Suite, Apt. #, etc.
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City & State Jacksonville FL 32205	City & State Jacksonville FL 32205
Zip 32205	Country USA
Zip 32205	Country USA



REINSTATEMENT	
4. FEI Number 20-1401981	Applied For Not Applicable

6. Name and Address of Current Registered Agent TAYLOR, DEBORAH W 3945 ST JOHNS AVENUE JACKSONVILLE, FL 32205	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T MARK, ROSS W 4389 PORT ARTHUR ROAD JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S Jeffrey Woleben 3967 Oak Street Jacksonville, FL 32205 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S WALDRIP, KEITH 2132 ST JOHNS AVENUE JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061183804 11/07/05--01010--012 **750.00 <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
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/28/05	Daytime Phone # 904-237-6603
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