



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000122243</b> 1. Entity Name SEQUOYA, INC.						<b>FILED</b> DEC 15 AM 11:35 TALLAHASSEE, FLORIDA 10/5/05 01004009 550.00 	
Principal Place of Business 100 N WASHINGTON BLVD #200 SARASOTA, FL 34236				Mailing Address 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number APPLIED FOR				<input checked="" type="checkbox"/> 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 LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name: <u>RICHARD ALTHOFF</u> Street Address (P.O. Box Number is Not Acceptable): <u>100 N WASHINGTON BLVD 200</u> City: <u>SARASOTA</u> FL Zip Code: <u>34236</u>			
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: <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title, if applicable.</small>				<u>RICHARD ALTHOFF</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
DATE: <u>12/13/05</u>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALTHOFF, RICHARD G 100 N WASHINGTON BLVD #200 SARASOTA, FL 34236			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05 <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	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>RICHARD ALTHOFF</u> <small>Date</small>			
				<u>12/13/05 941 952 0330 X 112</u> <small>Daytime Phone #</small>			