

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 OCT 21 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000140176			
1. Entity Name DRIVE VENTURE GROUP, INC.			
Principal Place of Business 2550-10 MAYPORT ROAD ATLANTIC BEACH, FL 32233		Mailing Address 2550-10 MAYPORT ROAD ATLANTIC BEACH, FL 32233	
2. Principal Place of Business		3. Mailing Address 901 OCEAN BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #21	
City & State		City & State ATLANTIC BEACH, FL	
Zip	Country	Zip	Country
		32233	
4. FEI Number 20-1726250		Applied For Not Applicable	
5. Certificate of Status Desired - <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, MICHAEL J 7701 TIMBERLIN PARK BLVD. 211 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name BRYSON, JONATHAN W. Street Address (P.O. Box Number is Not Acceptable) 901 OCEAN BLVD #21 City ATLANTIC BEACH FL Zip Code 32233	
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 15 OCT 2005	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, MICHAEL J 7701 TIMBERLIN PARK BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061066708 11/01/05--01028--003 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONATHAN, BRYSON W 1208 SOUTH 2ND STREET; UNIT G JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYSON, JONATHAN W. 901 OCEAN BLVD #21 ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMIT, AARON J 237 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082 <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 fees empowered.			
SIGNATURE: 		15 OCT 2005 904-854-8138	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	