2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000151317

FILED
Nov 02, 2005
Secretary of State

Entity Name: LYSSA MORGAN GALLERY OF TAMPA, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
4062 HENDERSON BLVD TAMPA, FL 33629	

Current Mailing Address:	**New Mailing Address:**
4062 HENDERSON BLVD TAMPA, FL 33629	

FEI Number: 20-1816922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SAXE, DANIEL L 205 CRYSTAL GROVE BLVD LUTZ, FL 33548 US	CARTER, LYSSA A 4062 HENDERSON BLVD. TAMPA, FL 33629 US

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.

SIGNATURE: LYSSA A. CARTER 11/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	DPTS ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CARTER, LYSSA A	Name:	
Address:	1705 S HESPERIDES	Address:	
City-St-Zip:	TAMPA, FL 33629	City-St-Zip:	
Title:	CEO ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CARTER, LYSSA A	Name:	
Address:	1705 S HESPERIDES	Address:	
City-St-Zip:	TAMPA, FL 33629	City-St-Zip:	
Title:	CFO ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CARTER, JAMES A	Name:	
Address:	4062 HENDERSON BLVD	Address:	
City-St-Zip:	TAMPA, FL 33629	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYSSA A. CARTER CEO 11/02/2005
Electronic Signature of Signing Officer or Director Date