

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000157753 1. Entity Name TANLAN ENTERPRISES, INC.			
Principal Place of Business 483 SE LAKEVIEW DRIVE SEBRING, FL 33870 US		Mailing Address 483 SE LAKEVIEW DRIVE SEBRING, FL 33870 US	
2. Principal Place of Business 1841 Lakewood Dr. Suite, Apt. #, etc.		3. Mailing Address 1841 Lakewood Dr. Suite, Apt. #, etc.	
City & State Sebring FL Zip 33870		City & State Sebring FL Zip 33870	
Country Highlands		Country Highlands	
6. Name and Address of Current Registered Agent WORRELL-SMITH, LORRIE 483 SE LAKEVIEW DR. SEBRING, FL 33870		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1841 Lakewood Drive Sebring City FL Zip Code 33870	
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 Lorrie Worrell-Smith <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 10-3-05			
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 WORRELL-SMITH, LORRIE 483 SE LAKEVIEW DRIVE SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Worrell-Smith Lorrie 1841 Lakewood Drive Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DAVID J 483 SE LAKEVIEW DRIVE SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, David 1841 Lakewood Drive Sebring FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WORRELL-SMITH, LORRIE 483 SE LAKEVIEW DRIVE SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lorrie Worrell-Smith 1841 Lakewood Dr. Sebring FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WORRELL-SMITH, LORRIE 483 SE LAKEVIEW DRIVE SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lorrie Worrell-Smith 1841 Lakewood Dr. Sebring FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:		Date 10-3-05 Daytime Phone # 863-273-0834	

Lorrie Worrell-Smith