# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 30, 2005**
**Secretary of State**

DOCUMENT# P04000158307

**Entity Name:** FACILITY MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

3982 AVENUE "O" NW
WINTER HAVEN, FL 33801

**New Principal Place of Business:**

3982 AVENUE
WINTER HAVEN, FL 33801

**Current Mailing Address:**

3982 AVENUE "O" NW
WINTER HAVEN, FL 33881

**New Mailing Address:**

PO BOX 86
POLK CITY, FL 33868

**FEI Number: 20-1908371** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JAMES C JR.
3982 AVENUE "O" NW
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

SMITH, JAMES C JR.
PO BOX 86
POLK CITY, FL 33868 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: JAMES C SMITH JR. 09/30/2005
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:**

Title: P ( ) Delete
Name: SMITH, LYNN D
Address: 3982 AVENUE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete
Name: FOUCH, MICHAEL E JR.
Address: 3982 AVENUE
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: SMITH, LYNN D
Address: PO BOX 86
City-St-Zip: POLK CITY, FL 33868

Title: VP (X) Change ( ) Addition
Name: FOUCH, MICHAEL E JR.
Address: PO BOX 86
City-St-Zip: POLK CITY, FL 33868

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: LYNN D SMITH P 09/30/2005
Electronic Signature of Signing Officer or Director Date