


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000158320		
1. Entity Name TIM MATTINGLY, INC.		

Principal Place of Business 416 PAULINE ST. SEBRING, FL 33870	Mailing Address 416 PAULINE ST. SEBRING, FL 33870
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2. Principal Place of Business 1035 LAKE SEBRING DR	3. Mailing Address 1035 LAKE SEBRING DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

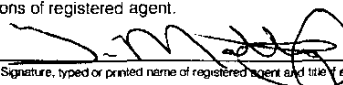
City & State SEBRING FL	City & State SEBRING FL
Zip 33870	Country HIGHLANDS
City & State SEBRING FL	City & State SEBRING FL
Zip 33870	Country HIGHLANDS

10212005 REIN-P CR2E098 (6/04)

4. FEI Number 56-2529240	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 MATTINGLY, TIM 416 PAULINE ST. SEBRING, FL 33870

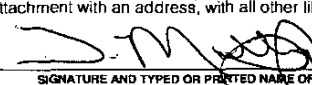
7. Name and Address of New Registered Agent Name MATTINGLY TIM Street Address (P.O. Box Number is Not Acceptable) 1035 LAKE SEBRING DRIVE City SEBRING FL Zip Code 33870

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  DATE 10-21-05 (NOTE: Registered Agent signature required when reinstating)

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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTINGLY, TIM 416 PAULINE ST. SEBRING, FL 33870 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESMITH, SHERRI 416 PAULINE ST. SEBRING, FL 33870 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTINGLY TIM 1035 LAKE SEBRING DRIVE SEBRING FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESMITH SHERRI 1035 LAKE SEBRING DRIVE SEBRING FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060896537 10/24/05--01055--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  DATE 10-21-05	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tim Mattingly

FILED

2005 OCT 24 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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