


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000159256</b> 1. Entity Name MICHIGAN AVENUE BRIDGE, INC.	
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FILED  
05 DEC 20 PM 5: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1630 SW 67TH TERRACE GAINESVILLE, FL 32607	Mailing Address 1630 SW 67TH TERRACE GAINESVILLE, FL 32607
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1630 SW 76 <sup>th</sup> Terrace Suite, Apt. #, etc.
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12092005 REIN-P CR2E098 (6/04)

City & State Gainesville, FL	City & State Gainesville, FL	4. FEI Number 20-1932849	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32607	Country Alachua	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ALLIN, MARK S  
1630 SW 67TH TERRACE  
GAINESVILLE, FL 32607

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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: *Mark S. Allin* MARK S. ALLIN VP 15 Dec 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Secretary <input type="checkbox"/> Delete Marilyn J. Busse 1630 SW 76 <sup>th</sup> Terrace Gainesville, FL 32607
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	President & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marilyn J. Busse 1630 SW 76 <sup>th</sup> TER GAINESVILLE FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition mark S. Allin 1630 SW 76 <sup>th</sup> TER GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900062293079 12/20/05--01039--022 **758.75
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 <i>MS 12/20</i>
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)(l), 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: *Mark S. Allin* MARK S. ALLIN 15 Dec 2005 352 236 4044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #