

2005 FOR PROFIT CORPORATION REINSTATEMENT

10/2


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 10:51

REINSTATEMENT 05



11092005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000162296					
1. Entity Name NATHANIEL SINGLETARY, CORP					
Principal Place of Business 416 LINCOLN ROAD COCOA, FL 32926			Mailing Address 416 LINCOLN ROAD COCOA, FL 32926		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <i>have applied</i>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SINGLETARY, NATHANIEL 416 LINCOLN ROAD COCOA, FL 32926			7. Name and Address of New Registered Agent Name <i>Same</i> 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 <i>Nathaniel Singletary</i> DATE <i>11-16-05</i> <small>Signature, type or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETARY, NATHANIEL 416 LINCOLN ROAD COCOA, FL 32926 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Nathaniel Singletary</i>			Date <i>11-16-05</i> Daytime Phone # <i>321-243-8316</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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For: Evans, Cassandra B
Mon Nov 14, 2005 10:40 am


From: Cassandra B Evans
Taken by: Cassandra B Evans (632-4663)

To Whom this may concern:

I Nathaniel Singletary did not receive prior-notice to file my 2005 annual report.

I am asking that the Reinstatement fee of \$750.00 please be waived. You may contact my secretary Cassandra Evans at 321-243-8316 if you should have any questions.

Respectfully,


Nathaniel Singletary