## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000163170  1. Entity Name SFTH CORP.						05 SEP 26 PM 2: 06 SEUNL FAKT OF STATE TALLAHASSEE, FLORIDA				
1			failing Address				TALLAH	ASSEE,	: STATE ELORIN	
			481 S JOHN SIMS PKWY VALPARAISO, FL 32580 US						~01(ID)	4
2. Principal Place of Business 3			. Mailing Address				l edili ələh dehi əblik əb			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09212005	REIN-P	CR2E	098 (6/04)	
City & State			City & State			4. FEI Numb	° 98906°	12		pplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of					
ALKINBURG, DAVID C					Name					
205 PINE CONE DR. FORT WALTON BEACH, FL 32548			Street Ac			ss (P.O. Box Number is Not Acceptable)				
·										
			<del></del>		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 Day C Allung Signature, typed or printed name of registered agent and titlegli applicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE										
	Signature, types of printed frame of regis	eo Agent esgrature ta	denen men rematering	, 	DATE					
TILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00							in accordance corporation did			
10.	OFFICE D	RS AND DIREC	CTORS Delete	11. TITL	.	ADDITIONS	/CHANGES TO OFF	-ICERS AND	DIRECTORS  Change	S IN 11
NAME	ALKINBURG, DAVID C	Delete	NAM	E	ות	nosor	15:9:	_ •	_	
STREET ADDRESS 205 PINE CONE DR. CITY-SI-ZIP FORT WALTON BEACH, FL 32548					ET ADDRESS -ST-ZIP	09/29	000600 70501012	018	**150.	.00
TITLE	D OPERADO	☐ Delete	TITL	<b>I</b>				☐ Change	☐ Addition	
NAME STREET ADDRESS	LEHMBERG, GREGORY 529 BOB SIKES #B		NAM STRE	ET ADDRÉSS						
CITY-ST-ZIP					-ST-ZIP	<del></del>				
NAME	Delete Title TOUMA, JIMMY E					12	10/10		☐ Change	Addition
STREET ADDRESS CITY-\$1-ZIP					ET ADDRESS -ST-ZIP	KK/	19/20			
TITLE	OTENERION, TE 02019		☐ Detete	TITLE		<del>-/^ `</del>			☐ Change	Addition
NAME STREET ADDRESS				NAM	ET ADDRESS	,				
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Detete	FITLI NAM					☐ Change	☐ Addition
STREET ADDRESS				STRE	ET ADDRESS					
CITY-SI-ZIP			☐ Delete	CITY	-ST-ZIP	·			☐ Change	☐ Addition
NAME			□ Delete	NAM	E				onenge	Abdition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
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 of 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 attackment with an address, with all other like empowered.										
SIGNATURE: 4 20 C + Alders 9/22/05 (89b) 678-(634)										