

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

06-07

FILED

2007 JAN 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12112006 REIN-P CR2E098 (11/05)

4. FEI Number **20-2334255** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P05000023368
1. Entity Name
WAYNE LOVELAND, INC.



Principal Place of Business Mailing Address
3741 ROGERS AVE. JACKSONVILLE, FL 32208 US **3741 ROGERS AVE. JACKSONVILLE, FL 32208 US**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
**LOVELAND, WAYNE L
3741 ROGERS AVE.
JACKSONVILLE, FL 32208**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LOVELAND, WAYNE L 3741 ROGERS AVE. JACKSONVILLE, FL 32208 <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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITI

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100087357051
02/05/07--01010--018 **\$900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **12-25-06** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30 GA