

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY -4 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000090816			
1. Entity Name EVERDOCK INC.		Principal Place of Business 110 SW 5TH STREET STUART, FL 34994	
2. Principal Place of Business - No P.O. Box # 8528 SW Kansas Ave		3. Mailing Address 110 SW 5TH STREET STUART, FL 34994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STUART FL		City & State	
Zip 34997	Country USA	Zip	Country
6. Name and Address of Current Registered Agent JERNER, BRUCE 110 SW 5TH STREET STUART, FL 34994		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 <u>Bruce Jerner</u> <u>Bruce Jerner</u> <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JERNER, BRUCE 4111 NE CHERI DR JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 SW 5th St. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Roger Baber 8528 SW Kansas Ave STUART, FL 34997 <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	300103189933 05/24/07--01015--002 **900.00 <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
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
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/07