

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -2 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12292006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000105779 1. Entity Name BOLYARD SERVICES INC.	
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Principal Place of Business 3095 S MILITARY TRAIL STE 5 LAKE WORTH, FL 33463	Mailing Address 3095 S MILITARY TRAIL STE 5 LAKE WORTH, FL 33463
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2. Principal Place of Business 4557 Blue Pine Trail Suite, Apt. #, etc. City & State Lake Worth, FL 33463	3. Mailing Address 4557 Blue Pine Circle Suite, Apt. #, etc. City & State Lake Worth, FL 33463
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4. FEI Number 20-3555527	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WYMAN, ROBERT 3095 S MILITARY TRAIL STE 5 LAKE WORTH, FL 33463	7. Name and Address of New Registered Agent Name Bolyard, Paul Street Address (P.O. Box Number is Not Acceptable) 4557 Blue Pine Circle City Lake Worth FL Zip Code 33463
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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: *Paul Bolyard* DATE: 12/15/06

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOLYARD, PAUL 4557 BLUE PINE CIRCLE LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900082912639 01/02/07--01055--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOLYARD, LAURA 4557 BLUE PINE CIRCLE LAKE WORTH, FL 33463	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	B <input type="checkbox"/> Delete REINSTATEMENT 06	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

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: *Paul Bolyard* DATE: 12/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #