

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -4 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000122379 1. Entity Name EDWARD BLACK, INC.			
Principal Place of Business 1220 SW 10 TERRACE DEERFIELD BEACH, FL 33441		Mailing Address 1220 SW 10 TERRACE DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 4160 Brandon Drive Suite, Apt. #, etc.		3. Mailing Address 1470 SW 13 Ave Suite, Apt. #, etc.	
City & State Delray Bch., FL		City & State FORT LAUDERDALE FL	
Zip 33445		Zip 33312	
Country US		Country US	
4. FEI Number 20-3466896		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, EDWARD 1220 SW 10 TERRACE DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4160 BRANDON DRIVE City DELRAY BEACH FL Zip Code 33445	
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>Edward Black</u> 10/1/06 <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 \$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 BLACK, EDWARD <input checked="" type="checkbox"/> Delete 1220 SW 10 TERRACE DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Black, Edward <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4160 Brandon Drive Delray Bch., FL 33445
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 100080462691 10/04/06--01039--007 **150.00
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
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: <u>Edward Black</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10/1/06 954-695-5894 <small>Date Daytime Phone #</small>	

10/9/06