

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 28 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140902 1. Entity Name PRO-CUT OF JACKSONVILLE, INC.																																	
Principal Place of Business 4533 COBBLEFIELD CIRCLE WEST JACKSONVILLE, FL 32224 US			Mailing Address 4533 COBBLEFIELD CIRCLE WEST JACKSONVILLE, FL 32224 US																														
2. Principal Place of Business 3074 Pablo Bay Dr. E Suite, Apt. #, etc.		3. Mailing Address 3074 Pablo Bay Dr. E Suite, Apt. #, etc.																															
City & State JACKSONVILLE, FL Zip 32224		City & State JACKSONVILLE, FL Zip 32224		4. FEI Number 20-3641360 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MILLS, DALLAS D 4533 COBBLEFIELD CIRCLE WEST JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name DALLAS D MILLS Street Address (P.O. Box Number is Not Acceptable) 3074 PABLO BAY DR. E. City JACKSONVILLE FL Zip Code 32224																													
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: 12.26.06 <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPST MILLS, DALLAS D 4533 COBBLEFIELD CIRCLE WEST JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MILLS, DALLAS D 4533 COBBLEFIELD CIRCLE WEST JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> 900082812859 12/28/06--01025--007 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082812859 12/28/06--01025--007 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12.26.06 904.626.9599 <small>Date Daytime Phone #</small>																														