2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P05000144857** 06 DEC - 1 PM 4: 11 1. Entity Name J.B. PEACE, INC. SECRETART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address REINSTATEMENT OC 2734 MCNAIR DR. 2734 MCNAIR DR. PALMHARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business 3. Mailing Address OAKMONT LN 8081 00 Suite, Apt. #, etc. Suite, Apt. #, etc. **7**1062006 CR2E098 (11/05) 808 4. FEI Number City & State City & State Applied For 04-3832279 ELLEATR Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEACE, JOSEPH 2754-MCMAIR DR. PALMHARBOR, FL 34683 Street Address (P.O. Box Number is Not Acceptable) 808 EAIR 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT TO PEACE TO PEACE TO OAK MONT LN # 808 TITLE ☐ Delete TITLE <u> 900082214698</u> ☐ Addition NAME NAME 12/01/06--01056--016 STREET ADDRESS STREET ADDRESS BELLEATR FL CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 appowered. SIGNATURE AND TYPED OR PRINTED NAME OF