2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000140624

1730 DOCKSIDE DR.

ORANGE PARK, FL 32003

Address: City-St-Zip:

Entity Name: BLACK TYE ENTERPRISE INC

FILED Oct 12, 2007 Secretary of State

	BEXON THE ENTERN MOE INC	•		
Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
	KSIDE DR. PARK, FL 32003			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P.O. BOX JACKSON	440966 IVILLE, FL 32222			
FEI Number	: FEI Number Applied Fo	or () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		gent: Name and Address	Name and Address of New Registered Agent:	
4244 W. T #185 TALLAHAS The above in the State	ZAGENTS, LLC ENNESSEE STREET SSEE, FL 32304 US named entity submits this statement e of Florida. RE: SMALLBIZ	for the purpose of changing its register	ed office or registered agent, or both,	
	Electronic Signature of Registe	ered Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corporati mpaign Financing Trust Fund Contribution			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete USHER, ANTOWARD L 1730 DOCKSIDE DR. ORANGE PARK, FL 32003	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete USHER, ANTOWARD L 1730 DOCKSIDE DR. ORANGE PARK, FL 32003	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA () Delete USHER, ANTOWARD L	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANTOWARD L. USHER PRES 10/12/2007