
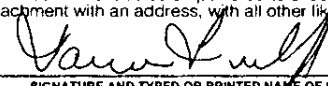


2007 FOR PROFIT CORPORATION REINSTATEMENT

This was rejected on 4/19/07. I sent
in the updated document 4/30/07
to P.O. Box 1500 Tallahassee, FL 32302.
That was the last time I heard about
this. I paid original amount on
original documents. Please correct.
Thank you Tauna Fulford
(352)351-2224

DOCUMENT # P06000146845					
1. Entity Name CRIBS 2 COLLEGE & BEYOND, INC.					
Principal Place of Business 2709 SW 27TH AVE., UNIT 103 OCALA, FL 34474			Mailing Address 2709 SW 27TH AVE., UNIT 103 OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1717104	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BULLARD, J. WARREN 2709 SW 27TH AVE., UNIT 103 OCALA, FL 34474				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 FULFORD, TAUNA B 860 SE 28TH AVE. OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/13/07 90166 048 - \$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULFORD, TILLMAN L 860 SE 28TH AVE. OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, VICKY R P. O. BOX 1972 DUNNELLON, FL 34430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			Tauna Fulford		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 10-9-07 Daytime Phone # 352-351-2224		



10092007 REIN-P CR2E098 (1/07)

REINSTATEMENT 2007
FLA

07 OCT 11 11:32
TALLAHASSEE, FLORIDA