


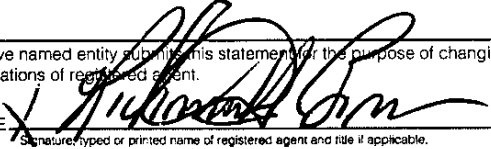
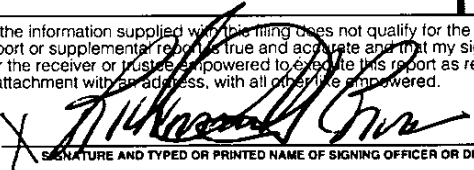
2005 FOR PROFIT CORPORATION REINSTATEMENT

J. Roberts

05 MAY - 4 AM 8:52
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



| | | | | | |
|---|---|----------------------------------|--|---|--|
| DOCUMENT # P93000012799 | | | |  | |
| 1. Entity Name AFFILIATES REFERRAL, INC. | | | | | |
| Principal Place of Business 9406 SEMINOLE BLVD SEMINOLE, FL 33772 US | | | Mailing Address 9400 SEMINOLE BLVD SEMINOLE, FL 34642 US | | |
| 2. Principal Place of Business 201 2nd Avenue N Suite, Apt. #, etc. | | | 3. Mailing Address 201 2nd Avenue N Suite, Apt. #, etc. | | |
| City & State St Petersburg FL | | City & State St Petersburg FL | | 4. FEI Number 59-3168512 | |
| Zip 33701 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROWN, RICHARD H 7163 HIDDEN ACRES RD SEMINOLE, FL 33772 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 2nd Avenue N City St Petersburg FL Zip Code 33701 | |
| 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:  DATE: 5/03/05 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$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 | P BROWN, RICHARD H 300 BAY PLAZA TREASURE ISLAND, FL 33706 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 201 2nd Avenue N St Petersburg FL 33701 | <input checked="" 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 | 700024680E017 05/17/05--01057--003 **308.75 | <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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | 5/03/05 727-896-1822 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |