2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000056122

1. Entity Name
NEWTON & HARRINGTON, INC.

FILED
06 JAN -6 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1100 CORNELL DR. SANFORD, FL 32771 US	1100 CORNELL DR. SANFORD, FL 32771 US

REINSTATEMENT 05-06
121220051 REIN-P CR2E098 (8/04)

2. Principal Place of Business	3. Mailing Address
249 Buena Vista Suite, Apt. #, etc.	249 Buena Vista St Suite, Apt. #, etc.
City & State: DeBary FL. Zip: 32713 County: Volusia	City & State: DeBary FL Zip: 3713 Country: Volus ia

4. FEI Number
59-3198618
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWTON, STANLEY L 1100 CORNELL DR. SANFORD, FL 32771	Name: Harrington, Lee D. Street Address (P.O. Box Number is Not Acceptable): 249 Buena Vista St. City: DeBary FL Zip Code: 32713

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: Lee D. Harrington
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

300063983223
01/18/06--01079--010 **750.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARRINGTON, LEE D 249 BUENA VISTA DEBARY, FL 32713	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEWTON, STANLEY L 1100 CORNELL DR. SANFORD, FL 32771	☒ Delete	President LEE D. HARRINGTON 249 BUENA VISTA ST DeBary, FL 32713	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TRES. LEE D. HARRINGTON 249 Buena Vista St DeBary FL 32713	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300063983223 01/18/06--01079--011 **150.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Lee D. Harrington 12-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #