2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000042269 1. Entity Name HOGTOWN WHOLESALE, INC.				FILED 04 NOV 24 AM 9: 52	
Principal Place of Business 2516 SE 35TH ST. GAINESVILLE, FL 32641 2. Principal Place of Business 3. Mailing Address 3. Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORID, PROPERTY OF STATE	man to the court
2321 NW 664h Courte Po. Sox 449 Suite, Apt. #, etc. Suite, Apt. #, etc.				11022004 REIN-P CR	
Zip	country Country	City & State Melrose, P	Country	4. FEI Number 59-3247698 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
3265	6. Name and Address of Current	32666	USA	7. Name and Address of New Registere	Fee Required
BASS, ALLYN SATE BASS ALLYN BASS					
			City	<u>.</u>	Zip Code
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 NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ALVIN 2616 SE 35 ST 2 3 2 1 A GAINESVILLE, FL 32653	IW 66th Continues E1	NAME 5	Sainesville, FC 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042606 11/09/0401069005	Change 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Dayline Prone #					

Hogtown Wholesale, Inc. 2321 NW 66th Court, Bays E1 Gainesville, FL 32653 P94000042269

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We wrote a check for the Corporation back in February of 2004. The check was sent to the wrong address back in February of 2004. I have filled out the form on our Billing Address and Principal Business Address. The reason the check number 1266 was sent back the address you last had was for the P.O. Box in Melrose, FL. But the check was never sent back to us. The address change is below.

Principal Address: Hogtown Wholesale, Inc. 2321 NW 66th Court, Bays E1 Gainesville, FL 32653

Mailing Address Hogtown Wholesale, Inc. P.O. Box 449 Melrose, FL 32666

If you need any more assistance feel free to contact me any time at (352)374-2277 Thank you,

Alvin Bass