## 2005 FOR PROFIT CORPORATION REINSTATEMENT

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1. Entity Name	MENT # P95000003 T. HOLLOWAY, INC.			  LEE				
Principal Place	o of Pusiones	Mailing Address			1	14 %	1 4÷ U(	)
		•			Cross.	,		
1213 HIGHWAY 41 NORTH		1213 HIGHWAY 41 NORTH			Original.	1		
INVERNESS, I	FL 34450	INVERNESS, FL 34450			1/21/0	1116	1	
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O Dissission		D. Marrian Address						
Principal Place of Business     3. Mailing Address								
			·		形容的形式从引出各份		7	-/11
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1104460025 REWIFFORM	V-CA2E09	)8.( <b>b/04/</b> ;	100	
City P Chate		City & State		4 CCINI and	<del></del>	1 1	ation Cor	
City & State		City & State			4. FEI Number 59-3306736		_ <del>                                    </del>	plied For
7 - Country		7in Count		<b>.</b>				Applicable
Zip	Country	Zip	Coun	ır <b>y</b>	5. Certificate of Status Desired		<b>8.75</b> Addi ee Required	
		15-3-1						J
	6. Name and Address of Curren	Name	7. Name and Address of New Re	gistered Ag	ent			
=HOLLOWAY, WILLIAM-T							<del></del> -	
	IWAY 41 NORTH	Street Address (	(P.O. Box Number is Not Acceptable)					
INVERNESS, FL 34450								
1147 E1 (14 E O O O O O O O O O O O O O O O O O O								
				City			Zip Code	
/				City		FL	Zip Code	,
8. The above	named entity submits this statement f	or the purpose of changing its	røgjatere	ed office or registe.	red agent, or both, in the State of Flori	da. I am fa	miliar with,	and accept
the obligati	ions of registered agent.	1 21	/// !		<i>(</i> )			
	7/17		Vas	1/1/0/1/	The same			
SIGNATURE_	Signature, typed or printed name of registered, gen	MOTION BUT THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOT	Cur	ed Agent signature requi	and when reinstation)	DATE		
	Cignitizati typed of printed name of registeric again	The contract of the contract o		co Agent Bigravare requi	The Milest Pentaliting,			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00								
10.	OFFICERS AND	DIRECTORS	11		ADDITIONS/CHANGES TO OFFICE	ERS AND E	DIRECTORS	IN 11
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	HOLLOWAY, WILLIAM T		MAM	E	2000621		10	
STREET ADDRESS	1213 HIGHWAY 41 NORTH		STRE	ET ADDRESS	8000581 -03/20/0601021	"	***908.	70
CITY - ST - ZIP	INVERNESS, FL 34450		CITY	-ST-ZIP	00, 50, 00 01051	011	**JUU.	1.0
TITLE	D	☐ Delete	TITLE	:			☐ Change	Addition
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STREET ADDRESS	1213 HIGHWAY 41 NORTH			ET ADDRESS	_	1 -	1 .	
CITY - ST- ZIP	INVERNESS, FL 34450			-ST-ZIP	$\alpha \alpha \beta$	Ii	1,11	
			TITLE			<del>)/                                    </del>	Counts	☐ Addition
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NAME			NAM	ET ADDRESS				
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TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME CARRET ADDRESS			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP				
			_					
TITLE		☐ Delete	TITU				☐ Change	☐ Addition
NAME			NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
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: Deborah Buy V.P. 2106 352-637-1552 SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR  Date Daytime Prone #								