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**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P95000018085

1. Entity Name
C. L. H. SALES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 16 AM 8:34

REINSTATEMENT 04-05



05312005 REIN-P CR2E098 (6/04)

Principal Place of Business 3531 PALMETTO FT MYERS, FL 33916		Mailing Address 3531 PALMETTO FT MYERS, FL 33916	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2024 MURRAY RD Suite, Apt. #, etc.	
City & State ALVA FL		4. FEI Number 65-0565268	
Zip 33920	Country LEE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERRON, CARL L 3531 PALMETTO FT MYERS, FL 33916		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2024 MURRAY RD City ALVA FL Zip Code 33920	
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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 \$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	PD HERRON, CARL L 3531 PALMETTO FT MYERS, FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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:

Carl L. Herron 6/6/05
CARL L. HERRON 239-337-5658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR