

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P95000020187</b> 1. Entity Name NBE 2005, INC.					
Principal Place of Business 3611-14 ST JOHNS BLUFFS JACKSONVILLE, FL 32224 US			Mailing Address 3611-14 ST JOHNS BLUFFS JACKSONVILLE, FL 32224 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3300554</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SMOOT, WILLIAM T 3611-14 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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: <span style="float: right;">10/09/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMOOT, WILLIAM T 3611-14 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVENPORT, KEVIN M 3611-14 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, MYRA W 3611-14 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEPETRIE, JAMES E 3611-14 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, HEATHER W 3611-14 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete			
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				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <span style="float: right;">10/09/06 904-493-6500</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					