


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P95000036222 | |  |
| 1. Entity Name THE POUR HOUSE, INC. | | |

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| Principal Place of Business 1238 16TH ST. VERO BEACH, FL 32960 | Mailing Address 1238 16TH ST. VERO BEACH, FL 32960 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
05 OCT 20 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/20/05 01052 007 \$158.75
10112005 REIN-P CR2E098 (6/04)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent MCDONOUGH, WAYNE R 1901 25TH STREET VERO BEACH, FL 32960 | 7. Name and Address of New Registered Agent Name: Thomas A. Kennedy Street Address (P.O. Box Number is Not Acceptable): 1946 16th Ave. City: Vero Beach FL Zip Code: 32960 |
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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: *Thomas A. Kennedy* DATE: 10-11-05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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 | P SQUIRES, JANET 1555 33RD AVE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Clayton, Gary 1216 4th Place Vero Beach, FL 32962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Squires, Janet 1555 33rd Ave. Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Clayton, Gary 1216 4th Place Vero Beach, FL 32962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Squires, Janet 1555 33rd Ave. Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>12/10/25</i> <input 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 |

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: GARY D. CLAYTON 10/11/05 772-473-7059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #