1 of 2

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 MAY -2 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04282005 REIN-P CR2E098 (6/04)

DOCUMENT # P95000052357

1. Entity Name
FLORIDA ONE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
74 LACOSTA NOKOMIS, FL 34275	74 LACOSTA NOKOMIS, FL 34275

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0653758 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SELL, DUANE
74 LACOSTA
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 $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 SELL, DUANE 74 LA COSTA NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100055328241 05/25/05--01038--007 **300.00	☐ Change ☐ Addition
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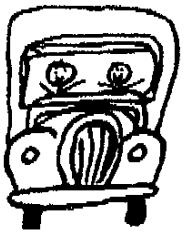
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: D. Sell Duane Sell 4-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2852



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Friday, April 29, 2005

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

Dear Sirs:

Please find attached a copy of our 2005 For Profit Corporation Reinstatement Form. This is for **document # P95000052357.**

Please be advised that during the year of 2004, we did not receive any notices for filing reports. We are herby requesting that all late fees be waived.

Thank you in advance for your anticipated cooperation regarding this matter.

Kindest Regards:

Duane Sell,
President
Florida One Enterprises, Inc.

Enc: Reinstatement Form
Check in amount of $300.00