

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

REINSTATEMENT 04



10272004 REIN-P CR2E098 (6/04) MRS

4. FEI Number 65-0624349 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CLEVELAND, THERESA B
11000 PROSPERITY FARMS ROAD
SUITE 100
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name Patrick M. Gordon
Street Address (P.O. Box Number is Not Acceptable) 810 Saturn St. #17
City Jupiter FL Zip Code 33477

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 \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BECHT, ROBERT M	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD, SUITE 100	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	CLEVELAND, THERESA B.	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD, SUITE 100	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9430 Hwy. 141 South	
CITY-ST-ZIP	Hartsville, TN 37074	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000043214280
12/06/04--01053--009 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Becht

11/30/04

Date

615-374-9144

Daytime Phone #