



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000078053 1. Entity Name STRING ENTERPRISE, INC.	
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- FILED
 04 DEC 13 PM 1:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 8211 OLD KINGS RD JACKSONVILLE, FL 32219	Mailing Address 8211 OLD KINGS RD JACKSONVILLE, FL 32219
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10062004 REIN-P CR2E098 (6/04)

4. FEI Number 59-3351158	Applied to or Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HEEKIN, ROBERT A 1 SLEIMAN PARKWAY STE. 280 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Robert A. Heekin* **ROBERT A. HEEKIN** 12/6/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete BROWN, ROBERT L SR STREET ADDRESS 8241 OLD KINGS ROAD CITY-ST-ZIP JACKSONVILLE, FL 32219		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041845646 10/13/04--01028--004 **150.00
NAME	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP

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: *Robert L. Brown, Sr.* **Robert L. Brown, Sr.** 10/6/04 (904) 768-5323

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwlyme Phone #