## 2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P96000018814  1. Entity Name PLUMLEE, INC.					FILED		
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Principal Place of Business 401 FERRIS ST GREEN COVE SPEINGS, FL 32043 US		Mailing Address PO BOX 1044 GREEN COVE SPEINGS, FL 32043 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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2. Principal Place of Business 3		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11032004	REIN-P	CR2E098 (6/04)	
City & State		City & State		4. FEI Number 59-3372		<del>- i -</del>	pplied For at Applicable
Zip Country		Zip Country		5. Certificate of	of Status Desired	\$8.75 Add Fee Required	litional d
	6. Name and Address of Current	7. Name and	Address of New Regis	tered Agent			
Name							****
BROWN, BERNICE P 3085 REVELS RD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
GREEN	OVE SPRINGS, FL 32043				<del></del>		
			City		······	FL Zip Code	e
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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.						and accept	
the obligat	ions of registered agent.					//	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
1	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signature	required when reinstating)		DATE	<del></del>
E11.1		and title if applicable. (NOTE:	: Registered Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$750.00 nuary 1, 2005, Fee will be \$900.0		: Registered Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$750.00	0	Registered Agent signature		CHANGES TO OFFICER	DATE  RS AND DIRECTORS	S IN 11
After Jar	E NOW!!! FEE IS \$750.00 nuary 1, 2005, Fee will be \$900.0 OFFICERS AND	0		ADDITIONS/4			S IN 11
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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

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11-3-04 904-2841773