


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000089132	
1. Entity Name J.F. GERLACH, INC.	

FILED

07 MAY 14 PM 3:46

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 101 GARDEN AVE., #110 CLEARWATER, FL 33755	Mailing Address 101 GARDEN AVE., #110 CLEARWATER, FL 33755
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2. Principal Place of Business - No P.O. Box # 17757 U.S. Hwy 19N Suite, Apt. #, etc. #275	3. Mailing Address 17757 U.S. Hwy 19N Suite, Apt. #, etc. #275
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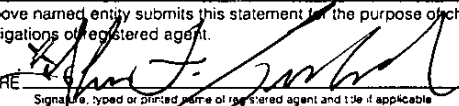
**REINSTATEMENT** 06-07

City & State Clearwater FL	City & State Clearwater FL
Zip 33764	Zip 33764
Country	Country

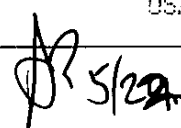
4. FEI Number 59-3422676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

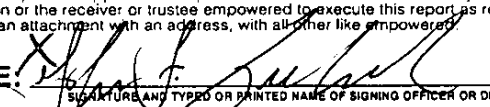
6. Name and Address of Current Registered Agent  GERLACH, JOHN F 101 GARDEN AVE., #110 CLEARWATER, FL 33755
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 17757 U.S. Hwy 19N #275  City Clearwater FL Zip Code 33764
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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  DATE 4/30/07

FILE NOW!!! FEE IS \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D GERLACH, JOHN F 109 MANATEE ROAD BELLEAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900103606019 05/31/07--01022--015 **900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D GERLACH, DEBRA J 109 MANATEE ROAD BELLEAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <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
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
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
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 exemptions contained in Chapter 119, 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: 	Date 4/30/07 Daytime Phone #