2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 22 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

10202004 REIN-P CR2E098 (6/04)

DOCUMENT # P97000019196

1. Entity Name
BISHOP'S UNLIMITED, INC.

Principal Place of Business	Mailing Address
1010 LAKE ADAIR BLVD. ORLANDO, FL 32804	1010 LAKE ADAIR BLVD. ORLANDO, FL 32804 US

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 **59-3435179** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BISHOP, WILLIAM D JR **1010 LAKE ADAIR BLVD.** **ORLANDO, FL 32804**	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 NOWIII 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.

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D ☐ Delete NAME BISHOP, WILLIAM D JR STREET ADDRESS 1010 LAKE ADAIR BLVD. CITY-ST-ZIP ORLANDO, FL 32804	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 600042099166 CITY-ST-ZIP 10/22/04--01024--001 **150.00
TITLE D ☐ Delete NAME BISHOP, WILLIAM D III STREET ADDRESS 715 MAXWELL ST. CITY-ST-ZIP ORLANDO, FL 32804	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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: William D Bishop Jr 10/20/04 4075091510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #