
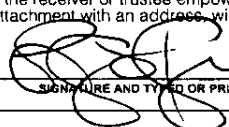


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2007 FEB -1 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000024873 1. Entity Name RAYMOND J. HLAD, JR., INC.					
Principal Place of Business 2041 GOLD DUST CT TRINITY, FL 34566			Mailing Address 2041 GOLD DUST CT TRINITY, FL 34566		
2. Principal Place of Business <i>11305 POCKET BROOK DR</i>		3. Mailing Address <i>11305 POCKET BROOK DR</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>TAMPA, FL</i>		City & State <i>TAMPA, FL</i>		4. FEI Number 59-3437803	
Zip <i>33635</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33635</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HLAD, RAY JR 848 CHRISTINA CIRCLE OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>11305 POCKET BROOK DRIVE</i> City <i>TAMPA</i> FL Zip Code <i>33635</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			500088284645 02/14/07--01006--025 **900.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HLAD, RAYMOND J JR 2041 GOLD DUST CT TRINITY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11305 POCKET BROOK DRIVE</i> <i>TAMPA, FL 33635</i>	
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	
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: 			PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-29-07 Daytime Phone #		