

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 OCT 12 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

DOCUMENT # P97000052626 1. Entity Name THE WOOD SHED PUB, INC.					
Principal Place of Business 7989 W CR 48 BUSHNELL, FL 34436 US			Mailing Address P.O. BOX 1164 FLORAL CITY, FL 34436 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 59-3467669	
				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
CHAMBERLIN, MARK J 8181 E. ORANGE AVE FLORAL CITY, FL 34436			Name CHAMBERLIN, J. MARK Street Address (P.O. Box Number is Not Acceptable) 8181 E. ORANGE AVE City FLORAL CITY, FL Zip Code 34436		
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: <i>[Signature]</i> DATE: 11 OCT 05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	PD	<input type="checkbox"/> Delete	TITLE	P.Y.T.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLIN, J. MARIE		NAME	CHAMBERLIN, J. MARK	
STREET ADDRESS	8181 E. ORANGE AVE		STREET ADDRESS	8181 E. ORANGE AVE	
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	000061077510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGONER, NORMA R		NAME	11/01/05--01056--004	**\$150.00
STREET ADDRESS	8253 S. COMET PT		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 11 OCT 05 Daytime Phone #: 352-793-7557		