2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000064632

1. Entity Name
A. G. BILL, INC.

07 JUL 11 PM 1:27
FILED
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250	2030 3RD STREET SOUTH 114 JACKSONVILLE BEACH, FL 32250

06152007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
482 Jacksonville Dr.	482 Jacksonville Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country:	Zip: 32250 Country:

4. FEI Number: 59-3486669 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C
76 SOUTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name: Fairbanks, Randal C.
Street Address (P.O. Box Number is Not Acceptable): 76 South Laura Street
Suite 2110
City: Jacksonville FL Zip Code: 32202

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: Randal C Fairbanks Randal C. Fairbanks June 18, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

REINSTATEMENT

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 7	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BURAK, CARL S 2049 SEMINOLE ROAD ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 07/11/07--01043--014 **900.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEEN, KENT O 482 JACKSONVILLE DR JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAREST, MICHAEL 1858 BEACHSIDE CT ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900105939799 07/11/07--01043--014 **908.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Carl S. Burak Carl S. Burak 6/21/07 904-247-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carl S. Burak