2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT							- 11 F	١			
DOCUMENT # P97000096820							FILED	,			
1. Entity Name								7			
BUILT FOR BATTLE, INC.						05	JAN 13 PM	1:21			
				- CO E		SF (METARY OF LANASSEE I	SIALL	Δ		
Principal Plac	e of Business	Mailing Address			ł	TALL	AHASSEE H	· Ethur			
2797 FAWN DRIVE 2797 FAWN DRIVE						1					
WEST PALM BEACH, FL 33470 WEST PALM BEACH, FL 33470)	i						
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Principal Place of Business 3. Mailing Address											
3245 Santa Barbara Drive 3245 Santa Barbar					i Ye	10 I @57	A 57분 및 65)~	.			
Suite, Apt. #, etc. Suite, Apt. #. etc.					DIN	144504	AFEME	V d k2E0)98 (6/04)	04-0	
City & State Wellington, FL City & State Wellington, F			ਦਾ		İ	4. FEI Number 65-079	3r		Ap	plied For t Applicable	
Zip	Country	Zip Country							\$8.75 Add		
33414	us	33414		US]	5. Certificate	of Status Desired		Fee Required		
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New R	egistered A	gent		
				Name	Mort	on Jame	эe Л				
MORTON, JAMES A 2797 FAWN DRIVE					Morton, James A Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH, FL 33470							ara Drive				
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				City	lling			FL	33412	<u> </u>	
The above named entity submits this statement for the purpose of changing its registere							the in the Ctota of Cla				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ea onice or	registere	ed agent, or bo	in, in the State of Fig	noa. Lami	astilitas what,	and accept	
James A. Morton 01/12/2005										5	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									_		
		1									
	_										
Fil	LE NOW!!! FEE IS \$900.00										
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE	Р	☐ Delete	TITLE	:	Ψ	,			☐ Change	☐ Addition	
NAME	MORTON, VALERIE		NAM	E	Mort	on, Vale	erie				
STREET ADDRESS	2797 FAWN DRIVE			ET ADDRESS		•	Barbara Dri	ive			
CITY-ST-ZIP	WEST PALM BEACH, FL 33470		CITY	-ST-ZIP	Well	ington,	FL 33414				
TITLE		☐ Delete	TITLE			, ,			☐ Change	☐ Addition	
NAME CERCET LODGECC			MAM	E Et address						ŀ	
STREET ADDRESS CITY-ST-ZIP				- ST-ZIP							
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CITY-ST-ZIP			CITY	- ST-ZIP		. <u> </u>					
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: Valerie Morton 01/12/2005 561-662-3251 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytome Phone #											