


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000096820	
1. Entity Name BUILT FOR BATTLE, INC.	

FILED
05 JAN 13 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2797 FAWN DRIVE WEST PALM BEACH, FL 33470	Mailing Address 2797 FAWN DRIVE WEST PALM BEACH, FL 33470
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2. Principal Place of Business 3245 Santa Barbara Drive Suite, Apt. #, etc.	3. Mailing Address 3245 Santa Barbara Drive Suite, Apt. #, etc.
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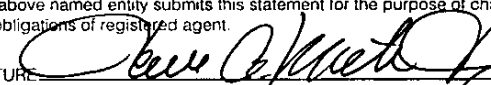
City & State Wellington, FL	City & State Wellington, FL
Zip 33414	Country US



REINSTATEMENT
01/12/2005
02E098 (6/04) 04-05

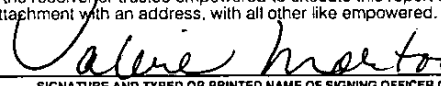
4. FEI Number 65-0798368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORTON, JAMES A 2797 FAWN DRIVE WEST PALM BEACH, FL 33470	7. Name and Address of New Registered Agent Name Morton, James A Street Address (P.O. Box Number is Not Acceptable) 3245 Santa Barbara Drive City Wellington FL Zip Code 33414
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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 	James A. Morton	01/12/2005
(NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP P MORTON, VALERIE 2797 FAWN DRIVE WEST PALM BEACH, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP P Morton, Valerie 3245 Santa Barbara Drive Wellington, FL 33414 <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
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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		