

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262005 REIN-P CR2E098 (6/04)

DOCUMENT # P97000107978 1. Entity Name MARION COUNTY COLD STORAGE, INC.					
Principal Place of Business 701 S.W. 33RD AVENUE OCALA, FL 34474 US			Mailing Address 701 S.W. 33RD AVENUE OCALA, FL 34474 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3484898	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S 230 N.E. 25TH AVENUE SUITE 200 OCALA, FL 34470				7. Name and Address of New Registered Agent Name: <u>Dominic DeConna</u> Street Address (P.O. Box Number is Not Acceptable): <u>701 SW 33rd Ave</u> City: <u>Ocala</u> FL Zip Code: <u>34474</u>	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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: P NAME: DECONNA, DOMINIC <input type="checkbox"/> Delete STREET ADDRESS: 5297 NW 25TH LOOP CITY-ST-ZIP: OCALA, FL 34482			TITLE: P NAME: DeConna, Dominic <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 701 SW 33rd Ave CITY-ST-ZIP: OCALA FL 34474		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 500060967755 CITY-ST-ZIP: 10/27/05--01043--003_**150.00		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____					

10/31/05