


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000045798	
1. Entity Name FELIX & MISTY'S ADVENTURES, INC.	

Principal Place of Business 501 E BAY ST RM 311 JACKSONVILLE, FL 32202	Mailing Address 3128 BEACH AVE JACKSONVILLE, FL 32207
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1106 PARK AVENUE Suite, Apt. #, etc.
City & State	City & State ORANGE PARK, FL
Zip Country	Zip Country

FILED
07 DEC 30 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

4. FEI Number 59-3515732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUBBARD, KIM K CPA 3730 BEACH BLVD JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1106 PARK AVENUE City ORANGE PARK FL Zip Code 32073
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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 Kim Hubbard Kin Hubbard 11-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: [Signature] 12/13/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #