2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# P98000057518

Entity Name: ORIS NELSON ENTERPRISE, INC.

Current Principal Place of Business:

511 N INDIAN RIVER DR
STE A
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

511 N INDIAN RIVER DR
STE A
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0853085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, ORIS
9801 S INDIAN RIVER DR
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NELSON, ORIS L
Address: 9801 S INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Delete
Name: NELSON, DAVID G
Address: 8024 AMBACH WAY
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Delete
Name: ANDERSON, BART
Address: 4235 GATOR TRACE AVE APT D
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORIS L NELSON P 10/19/2004

Electronic Signature of Signing Officer or Director Date