

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000071878

Entity Name: MAX FARRELL, INC.

FILED  
Nov 07, 2005  
Secretary of State

## Current Principal Place of Business:

335 DELLWOOD DRIVE  
EUGENE, OR 97405 US

## New Principal Place of Business:

425 9TH AVENUE NE  
ST. PETERSBURG, FL 33701 US

## Current Mailing Address:

335 DELLWOOD DRIVE  
EUGENE, OR 97405 US

## New Mailing Address:

425 9TH AVENUE NE  
ST. PETERSBURG, FL 33701 US

FEI Number: 59-3527428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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: ALAN S. GASSMAN

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: D ( ) Delete  
Name: FARRELL, BEN  
Address: 335 DELLWOOD DR  
City-St-Zip: EUGENE, OR 97405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FARRELL, BEN  
Address: 425 9TH AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: S ( ) Change (X) Addition  
Name: FARRELL, MARIANNE  
Address: 425 9TH AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33701

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: BEN FARRELL

D

11/07/2005

Electronic Signature of Signing Officer or Director

Date