



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000077082 1. Entity Name POORLY DRAWN STICKMAN, INC.						FILED 04 OCT 18 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1512 N. BROADWALK HOLLYWOOD, FL 33019				Mailing Address 1900 N OCEAN DR., #2 HOLLYWOOD, FL 33019					
2. Principal Place of Business			3. Mailing Address			 REINSTATEMENT REIN P CR2E088 (8/04)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State						
Zip			Zip						
4. FEI Number 65-0882623						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				7. Name and Address of New Registered Agent					
LEWIS, GREGORY D. 1900 N OCEAN DR., #2 HOLLYWOOD, FL 33019				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				FL		Zip Code			
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>GREGORY D. LEWIS</u>		<u>GREGORY D. LEWIS</u>		<u>10/08/04</u>			
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>					
FILE NOW!!! FEE IS \$150.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
After January 1, 2005, Fee will be \$300.00									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	LEWIS, GREGORY D	NAME							
STREET ADDRESS	1900 N OCEAN DR., #2	STREET ADDRESS	500041939135						
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	10/18/04--01068--014 **150.00						
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	LEWIS, ARNELLA L	NAME							
STREET ADDRESS	1900 N OCEAN DR., #2	STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP							
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	LEWIS, KARISSA M	NAME							
STREET ADDRESS	1900 N OCEAN DR., #2	STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP							
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	LEWIS, JOCELYN D	NAME							
STREET ADDRESS	1900 N OCEAN DR., #2	STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME		NAME							
STREET ADDRESS		STREET ADDRESS							
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME		NAME							
STREET ADDRESS		STREET ADDRESS							
CITY-ST-ZIP		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>GREGORY D. LEWIS</u>		<u>10/08/04</u>		<u>954 927 7004</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>			