

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000080777</b> 1. Entity Name <b>A.G. WHALEY MANUFACTURING &amp; SALES, INC.</b>						<b>FILED</b>  05 OCT 28 PM 8:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>378 AHERN STREET ATLANTIC BEACH, FL 32233</b>				Mailing Address <b>12334 BRIGHTON BAY TR. S. JACKSONVILLE, FL 32246</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3534153</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>LEE; MYRTLE J 12334 BRIGHTON BAY TRAIL SOUTH JACKSONVILLE, FL 32246</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>Myrtle J Lee</u> <b>MYRTLE J. LEE Sec/Treas</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>WHALEY, A G</b> STREET ADDRESS <b>378 AHERN STREET</b> CITY-ST-ZIP <b>ATLANTIC BEACH, FL 32233</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>000060993860</b> STREET ADDRESS <b>10/28/05--01036--007</b> CITY-ST-ZIP <b>**750.00</b>			
TITLE <b>ST</b> <input type="checkbox"/> Delete NAME <b>LEE, MYRTLE J</b> STREET ADDRESS <b>12334 BRIGHTON BAY TR. S</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32246</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Myrtle J Lee, Sec/Treas</u> <b>10/27/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							