


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000000266 1. Entity Name GREY WOLF OF VOLUSIA COUNTY, INC.	
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FILED

06 MAY 25 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ROCKY & JD'S TAVERN 3411 US HWY 1 EDGEWATER, FL 32141	Mailing Address ROCKY & JD'S TAVERN 3411 US HWY 1 EDGEWATER, FL 32141
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3548110
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip



REINSTATEMENT

05-06

6. Name and Address of Current Registered Agent ROCKAFELLOW, WAYNE 1740 JAMES ST NEW SMYRNA BEACH, FL 32132	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete D ROCKAFELLOW, WAYNE 1740 JAMES STREET NEW SMYRNA BEACH, FL 32168	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em; font-weight: bold;">700076154727</div> <div style="text-align: center;">06/13/06--01039--004 **900.00</div>
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 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: Wayne Rockafellow 5/10/06 386-689-5475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR