

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000025222

1. Entity Name
PATSY HARRIS SALES, INC.



Principal Place of Business
2101 CORPORATE BLVD NW
SUITE 317
BOCA RATON, FL 33431

Mailing Address
P.O. BOX 285
BELDEN, MS 38826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0925015

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, PATSY
1250 DELRAY LAKES DRIVE
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent
Name: Harris, Patsy
Street Address (P.O. Box Number is Not Acceptable)
2101 Corporate Blvd NW,
Suite 317
City: Boca Raton FL Zip Code: 33431

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 10/24/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: HARRIS, PATSY
STREET ADDRESS: 1250 DELRAY LAKES DRIVE
CITY-ST-ZIP: DELRAY BEACH, FL 33444

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: Harris, Patsy
STREET ADDRESS: 2101 Corporate Blvd NW Suite 317
CITY-ST-ZIP: Boca Raton, Florida 33431

Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
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Change Addition

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Change Addition
10/31/05--01049--009 **150.00

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Change Addition

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CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Change 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/24/05 Daytime Phone # 602-690-9291