2005-FOR PROFIT CORPORATION REINSTATEMENT

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	MENT # P99000054				05 05	14 AH 11:47			
1. Entity Name DOWDY MANAGEMENT AND CONSULTING, INC.						טבר פיים	14 14		
·					<i>!</i>	TALLAND	SEE, FLORIDA	7	
Principal Place	e of Business	Mailing Address				-CAHAS	SEE FI ACIL		
1325 N ATLANTIC AVE 1325 N ATLANTIC AVE BLDG C, SUITE 165 BLDG C, SUITE 165						*	LORIDA	. 43	
BLDG C, SUITE 165 COCOA BEACH, FL 32931 COCOA BEACH, FL					MO	5000041	e5 d 2	,	
Principal Place of Business 3. Mailing Address					- 1111				
3601 58th St. N. 3601 5			18th St.N.			L IOIIO LEIM BESII BESII TEI		TEO () 9E) -	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			09282005	REIN-P	CR2E098 (6/04)		
City & State	Jatenshium . FL	St. Helevsbym. FL			4. FEI Number 59-359		ļ	plied For t Applicable	
Zip 22-r	Country	Zip Coun				of Status Desired	\$8.75 Add	litional	
33710 USA 6. Name and Address of Current F				5 <u>A</u>	7. Name and Address of New Registe		Fee Require	- مريو Fee Required	
DOWDY, SHARON									
165 ESCAMBIA LN., STE. 503					Street Address (P.O. Box Number is Not Acceptable)				
COCOA BI	EACH, FL 32931	<u>, </u>							
				City5+	Petersk	DIMO.	FL Zip Cod	37/0	
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 according to be obligations of registered agent.								and accept	
Mary day - 1 9/20/00									
SIGNATURE Signature, typed or printed name of registered agent and life ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the									
	ruary 1, 2006, Fee will be \$300.00	o					not receive the prior		
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR		
TITLE NAME	P DOWDY, SHARON	☐ Detete	TITLE NAM				Denange	Addition	
STREET ADDRESS					∞1 58 ^{††}	h 5t. N.	10	l	
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CITY-ST-ZIP				-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 the empowered.									
SIGNATURE: Sharow Squity Sharow Dowly (727) 347-1138									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR OF DIRECTOR Oxygene Prone #									