

# 2005-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000054905</b> 1. Entity Name <b>DOWDY MANAGEMENT AND CONSULTING, INC.</b>					
Principal Place of Business 1325 N ATLANTIC AVE BLDG C, SUITE 165 COCOA BEACH, FL 32931			Mailing Address 1325 N ATLANTIC AVE BLDG C, SUITE 165 COCOA BEACH, FL 32931		
2. Principal Place of Business <b>3601 58th St. N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3601 58th St. N.</b> Suite, Apt. #, etc.			
City & State <b>St. Petersburg, FL</b> Zip <b>33710</b> Country <b>USA</b>		City & State <b>St. Petersburg, FL</b> Zip <b>33710</b> Country <b>USA</b>		4. FEI Number <b>59-3592597</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09282005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent <b>DOWDY, SHARON</b> <b>165 ESCAMBIA LN., STE. 503</b> <b>COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3601 58th St. N.</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33710</b>		
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><i>Sharon Dowdy</i></u> DATE <u>9/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>DOWDY, SHARON</b> <b>165 ESCAMBIA LN #503</b> <b>COCOA BEACH, FL 32931</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3601 58th St. N.</b> <b>St. Petersburg, FL 33710</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060315139</b> <b>10/06/05--01068--019 **150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060315139</b> <b>12/14/05--01047--008 **150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE 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 fee empowered.					
SIGNATURE: <u><i>Sharon Dowdy</i></u> <b>Sharon Dowdy (727) 347-1138</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

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05 DEC 14 AM 11:47  
TALLAHASSEE, FLORIDA

