

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

04 OCT 22 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



10202004 REIN-P CR2E098 (3/04)

DOCUMENT # P99000059743			
1. Entity Name BISHOPS WEST, INC.			
Principal Place of Business 1010 LAKE ADAIR BOULEVARD ORLANDO, FL 32804		Mailing Address 1010 LAKE ADAIR BOULEVARD ORLANDO, FL 32804	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BISHOP, WILLIAM D III 1010 LAKE ADAIR BOULEVARD ORLANDO, FL 32804			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
7. Name and Address of New Registered Agent			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<small>(NOTE: Registered Agent signature required when re-instatement)</small>			
FILE NOW!! FEE IS \$150.00 <small>After January 1, 2005, Fee will be \$300.00</small>			
<small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete D BISHOP, WILLIAM D JR. 1010 LAKE ADAIR BOULEVARD ORLANDO, FL 32804	
<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042098416 10/22/04--01017--014 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete D BISHOP, WILLIAM D III 1010 LAKE ADAIR BOULEVARD ORLANDO, FL 32804	
<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"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: <i>W.B. BISHOP</i> <small>Signature and typed or printed name of signing officer or director</small>			
<small>Date</small> <i>10/20/04</i> <small>Daytime Phone #</small> <i>407-509-1510</i>			