2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# P99000089274

Entity Name: JOHN REAVES REAL ESTATE INC.

Current Principal Place of Business:

2506 C S. MACDILL AVENUE
TAMPA, FL 33629

New Principal Place of Business:

1222 S. DALE MABRY HWY
TAMPA, FL 33629

Current Mailing Address:

2506 C S. MACDILL AVENUE
TAMPA, FL 33629

New Mailing Address:

PO BOX 18544
TAMPA, FL 33679

FEI Number: 59-3610842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REAVES, JOHN
2506 S MACDILL AVE STE C
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

REAVES, JOHN
1222 S. DALE MABRY HWY.
TAMPA, FL 33629 US

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.

SIGNATURE: JOHN REAVES 03/14/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REAVES, JOHN
Address: 2506 S MACDILL AVE STE C
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete
Name: REAVES, JOHN D
Address: 2506 S MACDILL AVE STE C
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: REAVES, JOHN
Address: 1222 S. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33629

Title: S (X) Change ( ) Addition
Name: REAVES, JOHN D
Address: 1222 S DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN REAVES D 03/14/2007
Electronic Signature of Signing Officer or Director Date