2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S00813 1. Entity Name CENTRAL FLORIDA RESOURCES, INC.						FILE	PM 3: 03	
	e of Business 'E LOOP ROAD EN, FL 33881-9703	Mailing Address 108 BUCKEYE LOOP ROAD WINTER HAVEN, FL 33881-9703			REMS	NATER	hemb _o	1-05
2. Principal P HOS Suite, Apt.	Tace of Business Horseshoe Lane #, etc.	3. Mailing Address 405 Horseshoe Lane Suite, Apt. #, etc.			04-36 01252005	- 04 90 REIN-P	339 033 s CR2E098 (6/04)	150.00
City & Stat Win te	r Haven, FL	Winter Haven, FL			4. FEI Number 59-30283	372		pplied For ot Applicable
338	81 Country USA	Zip 33881	Country	SA	5. Certificate of	Status Desired	S8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				N		dress of New Re	gistered Agent	
KNAPP, STEPHEN M.					obert S. Speer ress (P.O. Box Number is Not Acceptable) Horses hoe Lane			
			-	cirwinte	er Hav	ien	FL Zip Co	3881
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 paristered agent.								
SIGNATURE 1-25-05 Signalurg Apped or printed frame of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Operating specific from a regulated agent and main approache. (RVTE, regulated agent agreeme required area retailed)								
FII	LE NOW!!! FEE IS \$900.00							
10.	OFFICERS AND	DIRECTORS	11.			IANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11
TITLE NAME			TITLE NAME		csident	2 C	Change	Addition
STREET ADDRESS	351 HAMILTON SHORE DR st		STREET	ADDRESS 4	obert 5	sestoe L	ane	
CITY-ST-ZIP			CITY-ST		linter Hu	aven j F	(L 3388 (D) Change	/ Addition
TITLE NAME	- Dolotto		NAME	, J	ecretary Laren t	Specr	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET :	ADDRESS C	· • · •	Speer	Lane	881
TITLE			TITLE	1-20	WINTER	Maven	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ beat	NAME	ADDRESS 1-Z1P	1 0 0 02/03/0	004596 0501010	 54811	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET : CITY-ST	ADDRESS 1-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET	ADDRESS	Ja	1/2/1	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME	ADDRESS			☐ Change	Addition
12. Thereby certify that the information supplied with this filing does not quality 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 propowered 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 unto an additional statute of the corporation of the receiver or trustee propowered.								
SIGNATURE: 1-25-05 863-297-937								

1/25/05

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

I received notification today that our corporation has been made inactive. I was notified in September, that there was a problem with our return. I stated that payment was made on April 28,2004. The person I spoke to on the phone stated that the return was okay. Today when I spoke with the Division of Corporations, I was told that there was a problem with the way the registered agent was changed. I was also told that a notice was sent to PO Box 1706 Winter Haven FL. I advised that our PO Box was actually 1704. It is possible that your office tried to contact us previously, during the hurricane season. As our area was hit by all three hurricanes, business was disrupted. I would like consideration for that the reinstatement fee be waived.

Thank You,

Robert S. Speer

President Central Florida Resources Inc.