10/20/2004 10:23 9043885798 PAGE 03/03

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 22 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

10202004 REIN-P CR2E098 (6/04)

DOCUMENT # S10214

1. Entity Name
KHAKIS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3643 ST. JOHNS AVE. JACKSONVILLE, FL 32205	3643 ST. JOHNS AVE. JACKSONVILLE, FL 32205

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3031495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALBRAITH, SYLVIE
3643 ST. JOHNS AVE
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Sylvie Galbraith Sylvie Galbraith 10/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	GALBRAITH, SYLVIE M.L.	
STREET ADDRESS	3643 ST. JOHNS AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	DS	☐ Delete
NAME	GALBRAITH, BRIAN B.	
STREET ADDRESS	3804 RICHMOND ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	600042099326	
STREET ADDRESS	10/22/04--01024--005 **150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sylvie Galbraith SYLVIE GALBRAITH 10-20-04 (904-384-2712)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #