2005 FOR PROFIT CORPORATION REINSTATEMENT

	DIAIEMENI		With the second
DOCUMENT # S19887 1. Entity Name ORCHID LAND, INC.			FILED
			05 JUN 28 P: 5: 0
Principal Place of Business	Mailing Address		SECKETORIA TALLAHASCHE TALLAHA
33RD STREET WEST PALMETTO, FL 34221	7883 Country Club R		TALLAHASCHE, PLOALDA
INCIVILITO, IL 3444	St. Petersburg, FL 3	3/10	
2. Principal Place of Business	3. Malling Address	· · · · · · · · · · · · · · · · · · ·	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		The set has a set a second or comment
Soile, Apr. #, etc.	Suite, Apt. #, etc.		REISUSINATIENCES FOR OUT OF
City & State	City & State		4. FEI Number Applied For 65-0251820 Not Applicab
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent
ALEY EDWARD ID		Name	
7883 Country Club Rd. N.		Street Ac	ddress (P.O. Box Number is Not Acceptable)
St Petersburg,	アル33710		
		City	FL Zip Code
	ment for the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accep
the obligations of registered agent.	Par D.		e-/71/2
SIGNATURE Sphature, typed or printed name of register	ed agent and title it applicative (NOTE	E: Registered Agent signa	nature required when reinstailing) DATE
		· · · · · · · · · · · · · · · · · · ·	A Josephine allex
FILE NOW!!! FEE IS \$900			Edward alex b.
	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME ALEX, EDWARD JR.	Okesident Delete	TITLE NAME	Change] Additi
STREET ADDRESS 7883 COUNTRY OUTV-SI-ZIP St. Peters hung	Club Rd. N.	STREET ADDRESS CITY-ST-ZIP	
	echetohy Defete	TITLE	☐ Change ☐ Addition
NAME ALEX, JOSEPHINE	Chilar	NAME	900055376279 05/26/0501056003 ***300.00
STREET ADDRESS 7883 County y CITY-SI-ZIP St. Peters burg	14 P Kd. N 7-1.33711	.STREET ADDRESS CITY-ST-ZIP	U5/26/U5~~U1U56~~UU3 **\UU.UU
TITLE	☐ Delete	MILE	Change Additi
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-SI-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
TITLE	Oelete	CITY-ST-ZIP TITLE	Change Additi
NAME	Odd:	NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY+S1-ZiP	
I hereby certify that the information supplemental indicated on this report or supplemental.	report is true and accurate and that n see empowered to execute this report	r the exemption state ny signature shall h as required by Cha	Jated in Section 119.07(3)(i), Florida Statutes, I further certify that the information have the same legal effect as if made under oath; that I am an officer or directorabler 607. Florida Statutes; and that my name appears in Block 10 or Block 11.
SIGNATURE: EDWARD ALEX JR. Edward Clay by 5/21/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Proces			
Josephine Alex Josephine alley 5/31/05 CELL 727-919-1776			