2005 FOR PROFIT CORPORATION REINSTATEMENT

BARRON JUDITH LAUREN BARRON JUDITH LAUREN 3721 SOUTH DIXE HWY WEST PALM BEACH, FL 33405 Suite, Aptl. #. etc. Suite, Aptl. #. et	DOCUMENT # S40270				FILED
WEST PALM BEACH, FL 33405 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country S. Gerificates blatter Desired Fig. Brumber Share blatter Desired Fig. Brumber Share Desired Fig. Brumber Share Braines (Ground Registered Agent Name BARRON, JUDITH LAUREN 3721 SOUTH DIVIDE HMY WEST PALM BEACH, FL 33405 Since Address (FO. Box Number is Net Acceptable) The above area depart Symins are statement for the purpose of this right is registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with a state of Florida		s.			
WEST PALM BEACH, FL. 33405 Suite, Apt. #, etc. 10212005 REIN-P CR2608 (6/04) A. FEI Number S. Gerificities blanch passage A. FEI Number A.	Principal Place of Business	Mailing Address		<u> </u>	ECRETARY OF STATE
Sulle, Apt. #, etc. Sulle, Ap		3721 SOUTH DIXIE HW		1.6	RLLAHASSEE, FLORIDA
Coy & Sights City &	2. Principal Place of Business	3. Mailing Address			
Second State Seco	Suite, Apt. #, etc. Suite, Apt. #, etc.			10212005 REIN-P	CR2E098 (6/04)
S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Sires Address (P.O. Box Number is Not Acceptable) City FL Zip Code And City FL Zip Code And City FL Zip Code City FL Zip Code City FL Zip Code And City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code And City FL Zip Code City FL Zip Code And City FL Zip Code City FL Zip Code And City FL Zip Code City FL Zip Code And City FL Zip Code And City FL Zip Code City FL Zip Code And City FL Zi	City & State	City & State	City & State		Applied For Not Applicable
BARRON, JUDITH LAUREN 3721 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 City City FL Zip Code City FL Zip	Zip Country	Zip	Country	5. Certificate of Status Des	ired \$8.75 Additional
BARRON, JUDITH LAUREN 3721 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 City FL Zip Code	6. Name and Address of Cu	rrent Registered Agent	N-	<u></u>	<u> </u>
Street. Address (P.O. Box Number is Not Acceptable) Street. Address (P.O. Box Number is Not Acceptable)	BARRON, JUDITH LAUREN				
8. The above named apply Strymis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of digistered agent. SIGNATURE County April 1 County Count	3721 SOUTH DIXIE HWY	Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
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TILE DARRON, JUDITH LAUREN STREET ADDRESS CITY-ST-2P CI	(1/1,01	xX.	Box.	1 M	
After January 1, 2006, Fee will be \$900.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DESCRIPTION OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DESCRIPTION OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DESCRIPTION OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DESCRIPTION OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DESCRIPTION OFFICERS AND DIRECTORS IN 11 TITLE DESCRIPTION OFFICERS AND DIRECTORS IN 11 TITLE DESCRIPTION OFFICERS AND DIRECTORS IN 12 TITLE DESCRIPTION OFFI TO THE OFFI TO	Signature typed or printed name of registere	d agent and title if applicable. (NOTE	E: Registered Agent signature re	quired when reinstating)	DATE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		ELL S C	OR DIRECTOR	2 11/01/ Date/	05 310-5454 Dayline Phone