2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S53820				5 SEP 23 F	PH 1: 33		
SOUTH WALTON EQUITIES, INC.				SEGMAN ALL ANADAS	ATE		
Principal Place of Business	Mailing Address		T.	ALLAMADA	I, FLORIDA		
10221 W EMERALD COAST PKWY Suite 26	10221 W EMERALD CO. Suite 26	10221 W EMERALD COAST PKWY		STATE	MENT.		
MIRAMAR BEACH, FL 32550 US	MIRAMAR BEACH, FL 3	MIRAMAR BEACH, FL 32550 US		REINSTATEMENT 05			
2. Principal Place of Business 420 East Pine Avenu	3. Mailing Address	3. Mailing Address P.O. Box 727		<b>1   1   1   1   1   1   1   1   1   1  </b>	. Birdi, başılı başın birbin birbin bir	ANDEN IN ICON	
Suita, Apt. #, etc.	Suite, Apt. #, etc.		9212005	REIN-P	CR2E098 (6/04)		
City & State	City & State	· ·		per Applied For Not Applied For			
Crestview, FL Zip Country	Crestview. F			59-3110117   Not A  5. Certificate of Status Desired			
32536 USA	32536	USA			Fee Require		
6. Name and Address	s of Current Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
WALLACE, W. WADE 10221 W EMERALD COAST P	KWY.		T. Martin dress (P.O. Box Number		<del></del>		
SUITE 26 MIRAMAR BEACH, FL 32550			420 East Pine Avenue				
	City	Zip Code			de 2.6		
8. The above name of entity submits this	statement for the purpose of changing its	registered office or t	Crestview registered agent or bo	th, in the State of Flo	rida. Lanı lamiliar with	and accept	
the obligations of registered agent.	75/7						
	registured agent and title if applicable (NOTE	E: Registered Agent signat	ure required when reinstating)		9/21/05 DATE		
FILE NOW!!! FEE IS \$750 After January 1, 2006, Fee will						į	
~ <del>~</del>	FICERS AND DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTOR	3S IN 11	
NAME PTD  NAME WALLACE, DANICE I	XX Dejets	TITLE NAME	P/D		☐ Change	XX Addition	
STREET ADDRESS 58 SARASOTA ST.				T. Martin Knopes PYNYXXXXXXXX 420 East Pine Avenue			
CITY-SI-ZIP MIRAMAR BEACH, F	L 32550	CHY-ST-ZIP	Crestview.				
NAME WALLACE, W WADE	XXX Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS 58 SARASOTA ST.		STREET ADDRESS					
CITY-ST-ZIP MIRAMAR BEACH, F	L 32550	City-St-ZIP					
DIFF	Delete	FITLE		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	☐ Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS	na	13000051 1799706-1700	UUS 110 US9024 **	<b>8</b>	
City · St - ZiP		CITY-ST-ZIP		Oli	U33==U24 **	75 <b>0.0</b> 0	
TITLE	☐ Delate	HILE			☐ Change	☐ Addition	
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CHY-SI-ZIP		CITY-ST-ZIP					
TRILE	☐ Delete	ITLE	······		☐ Change	Addition	
NAME STREET ADDRESS		NAME					
CHY-SI-ZIP		STREET ADDRESS CITY -ST - ZIP					
TIFE	Deleje	IIITE			Change	Addition	
NAME		NAME			-		
STREET ADDRESS CTY - ST ZIP		STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information	supplied with this filling does not qualify for	the exemption state	art in Section 119 07/3)	(i). Florida Statutes	Liuriber certify that the	information	
indicated on this report or supplem of the corporation or the receiver or changed, or on an attachment with	ental report is true and accurate and that no trustee empowered to execute this report an aderess, with all other like empowered.	ny signature shall ha as required by Char	ave the same legal eller pter 607, Florida Statute	at as if made under o	bath; that I am an office e appears in Block 10 c	r or director or Block 11 if	
SIGNATURE:	11/4-1			9/21/05	850/683~	0700	
SIGNATURE SIGNATURE	AND PRED ON PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	·	Date	Davisine Prione #		

FRED