

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 20, 2005  
Secretary of State**

DOCUMENT# V15408

Entity Name: TAMMY L. HUDDLESTON ENTERPRISES, INC.

**Current Principal Place of Business:**

8010 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

8010 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 65-0325036      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVIGNE, GARY L  
8010 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068      US

**Name and Address of New Registered Agent:**

LIVIGNE, GARY F  
8010 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068      US

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.

SIGNATURE: GARY F LIVIGNE      10/20/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD      ( ) Delete  
Name: LIVIGNE, GARY F.,  
Address: 8010 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: PD      ( ) Delete  
Name: LIVIGNE, MICHAEL G,  
Address: 8010 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY F LIVIGNE      CEOD      10/20/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date