

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # F97000006459</b> 1. Entity Name <b>TELEFYNE INCORPORATED</b>					
Principal Place of Business 4286 WOODBINE RD. SUITE B PACE, FL 32571		Mailing Address 4286 WOODBINE RD SUITE B PACE, FL 32571			
2. Principal Place of Business <b>4286 Woodbine Rd</b> Suite, Apt. #, etc. <b>Suite D</b> City & State <b>Pace FL</b> Zip <b>32571</b>		3. Mailing Address <b>4286 Woodbine Rd</b> Suite, Apt. #, etc. <b>Suite D</b> City & State <b>Pace, FL</b> Zip <b>32571</b>			
Country <b>Santa Rosa</b>		Country <b>Santa Rosa</b>		4. FEI Number <b>63-1194114</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>STEVENS, CHRISTINE</b> <b>4286 WOODBINE RD STE B</b> <b>PACE, FL 32571</b>				7. Name and Address of New Registered Agent Name <b>Christine Bellas</b> Street Address (P.O. Box Number is Not Acceptable) <b>4286 Woodbine Rd Ste. D</b> City <b>Pace</b>	
State <b>FL</b>		Zip Code <b>32571</b>		DATE <b>10-6-05</b>	
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: <b>Christine Bellas</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PCSD</b>	NAME <b>BELLAS, JORGE</b>		TITLE <b>PCSD</b>	NAME <b>Bellas, Jorge</b>	
STREET ADDRESS <b>4286 WOODBINE RD STE B</b>			STREET ADDRESS <b>4286 Woodbine Rd Ste D</b>		
CITY - ST - ZIP <b>PACE, FL 32571</b>			CITY - ST - ZIP <b>Pace, FL 32571</b>		
TITLE <b>T</b>	NAME <b>STEVENS, CHRISTINE</b>		TITLE <b>T</b>	NAME <b>Christine Bellas</b>	
STREET ADDRESS <b>4286 WOODBINE RD, STE B</b>			STREET ADDRESS <b>4286 Woodbine Rd Ste D</b>		
CITY - ST - ZIP <b>PACE, FL 32571</b>			CITY - ST - ZIP <b>Pace, FL 32571</b>		
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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: <b>Christine Belks</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>10-6-05</b>		DAY-TIME PHONE # <b>850.995.8807</b>	

10/13/05