


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F98000000033</b> 1. Entity Name TECHNOLOGY PLUS OF KANSAS, INC.	
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FILED

05 JAN -3 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4201 NE LAKEWOOD WAY #200 LEE'S SUMMIT, MO 64064	Mailing Address 4201 NE LAKEWOOD WAY #200 LEE'S SUMMIT, MO 64064
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2. Principal Place of Business 4955A NE Goodview Circle Suite, Apt. #, etc.	3. Mailing Address 4955A NE Goodview Circle Suite, Apt. #, etc.
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10252004 REIN-P CR2E098 (6/04)

City & State Lee's Summit, MO	City & State Lee's Summit, MO	4. FEI Number 43-1427572	Applied For <input type="checkbox"/> Not Applicable
Zip 64064	Country US	Zip 64064	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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: Brian Courtney  
 Asst. V. Pres.

DATE: 12/20/04

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

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 PDC	<input type="checkbox"/> Delete NAME BRONSON, RICHARD L STREET ADDRESS 4201 NE LAKEWOOD WAY #200 CITY-ST-ZIP LEE'S SUMMIT, MO 64064	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042907293 11/19/04--01068--002 **150.00
TITLE VD	<input type="checkbox"/> Delete NAME VIENE, JOHN G STREET ADDRESS 4201 NE LAKEWOOD WAY #200 CITY-ST-ZIP LEE'S SUMMIT, MO 64064	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete NAME BRONSON, BONNIE L STREET ADDRESS 4201 NE LAKEWOOD WAY #200 CITY-ST-ZIP LEE'S SUMMIT, MO 64064	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete NAME WATSON, BOBBY W STREET ADDRESS 4201 NE LAKEWOOD WAY #200 CITY-ST-ZIP LEE'S SUMMIT, MO 64064	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT

1/11/05

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:** Brian Courtney      11-11-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #