2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H28413

Entity Name: CORVETTES WEST, INC.

FILED Oct 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238

Current Mailing Address: New Mailing Address:

% THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238

FEI Number: 59-2464224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOLLER, THOMAS MOLLER, THOMAS 6175A CLARK CENTER AVENUE 6175A CLARK CENTER AVENUE SARASOTA, FL 34238 SARASOTA, FL 34238

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: THOMAS MOLLER 10/21/2004

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MOLLER, THOMAS, MOLLER, THOMAS Name: Name: 6175A CLARK CENTER AVE 6175A CLARK CENTER AVE Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL 34238

Title: VTS Title: (X) Change () Addition () Delete

Name: MOLLER, DEBORA, Name: MOLLER, DEBORA S 6175 A CLARK CENTER AVE. 6175 A CLARK CENTER AVE. Address: Address: SARASOTA, FL SARASOTA, FL 34238 City-St-Zip: 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: THOMAS MOLLER DP 10/21/2004