


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H28413 1. Entity Name CORVETTES WEST, INC.	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 PM 3:19

REINSTATEMENT 08



Principal Place of Business % THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238	Mailing Address % THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country	4. FEI Number 59-2464224	Applied For <input type="checkbox"/> Not Applicable
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10052006 REIN-P CR2E098 (11/05)

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 MOLLER, THOMAS 6175A CLARK CENTER AVENUE SARASOTA, FL 34238	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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:  DATE: Oct. 5, 2006

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLER, THOMAS	NAME	600080682756
STREET ADDRESS	6175A CLARK CENTER AVE	STREET ADDRESS	10/10/08--01053--011 **150.00
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLER, DEBORA S	NAME	
STREET ADDRESS	6175 A CLARK CENTER AVE.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Debora S. Moller DATE: Oct. 5, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Debora S. Moller