


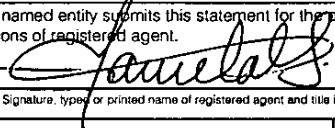
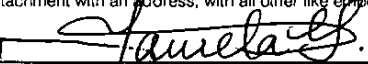


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000079057						<b>FILED</b> 05 JAN 14 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1. Entity Name 123FASTPC.COM, INC.								 <b>REINSTATEMENT 04-05</b> <small>OT042005 REIN-P CR2E098 (6/04)</small>			
Principal Place of Business 8921 NW 28TH DR. UNIT C CORAL SPRINGS, FL 33065		Mailing Address 8921 NW 28TH DR. UNIT C CORAL SPRINGS, FL 33065									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		4. FEI Number 54-2068307		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
GRATEROL, DANIELA A 8921 NW 28TH DR. UNIT C CORAL SPRINGS, FL 33065						Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code					
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: 				(NOTE: Registered Agent signature required when reinstating)				DATE: 1/13/05			
<b>FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP		P GRATEROL, DANIELA A 8921 NW 28TH DR UNIT C CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		700044773897 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/14/05--01028--006 **308.75					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V FRIEDBERG, BRADLEY M 8921 NW 28TH DR. UNIT C CORAL SPINGS, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 				DATE: 1/13/05				Daytime Phone #: 854-818-6445			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											