


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000035201 1. Entity Name C.S. FAMILY UNLIMITED INC.	
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FILED
05 NOV -2 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 15850 SE 253 TERR UMATILLA, FL 32784	Mailing Address 15850 SE 253 TERR UMATILLA, FL 32784
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2. Principal Place of Business 51 Ardlussa Street <small>Suite, Apt. #, etc.</small>	3. Mailing Address 51 Ardlussa Street <small>Suite, Apt. #, etc.</small>
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10312005 REIN-P CR2E098 (6/04)

City & State Umatilla FL	City & State Umatilla FL		
Zip 32784	Country	Zip 32784	Country

4. FEI Number 65-1217361	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent OLSON, TERRY 545 N UMATILLA BLVD UMATILLA, FL 32784	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 0100051115488 11/02/05--01031--008 **150.00 City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After January 1, 2008, 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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ENGEL, CHRISTOPHER L 15850 SE 253 TERR UMATILLA, FL 32784	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Engel, Christopher L 51 Ardlussa Street Umatilla FL 32784
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
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: *Christopher Engel Pres.* 10/31/05 (352)516-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #