


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000026986 1. Entity Name CHIPS & BITS, INC.	
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FILED

09 DEC -1 AM 9:53

COUNTY OF ST. LUCAS
TALLAHASSEE, FLORIDA

Principal Place of Business 600 CROSSWINDS DR A2 GREENACRES, FL 33413	Mailing Address 600 CROSSWINDS DR A2 GREENACRES, FL 33413
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10072008 REIN-P CR2E098 (1/07)

City & State	City & State	4. FEI Number 14-1951803	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTRO, ENRIQUE 600 CROSSWINDS DR A2 GREENACRES, FL 33413

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$160.00
After January 1, 2009, 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	
TITLE	D <input type="checkbox"/> Delete
NAME	CASTRO, ENRIQUE
STREET ADDRESS	600 CROSSWINDS DR A2
CITY- ST- ZIP	GREENACRES, FL 33413
TITLE	D <input type="checkbox"/> Delete
NAME	ROJAS, LUZ
STREET ADDRESS	800 CROSSWINDS DR A2
CITY- ST- ZIP	GREENACRES, FL 33413
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	200138344682
STREET ADDRESS	12/01/08--01065--014 **158.75
CITY- ST- ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
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: Enrique Castro ENRIQUE CASTRO Date: 11/21/2008 Daytime Phone #: (561) 573-8822

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