

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 25 PH 5: 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000048743**

1. Corporation Name  
EQUITY EXCHANGE, INC.

2. Principal Office Address  
1036 NE 8TH AVE

3. Mailing Office Address  
1036 NE 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL.

City & State  
FORT LAUDERDALE, FL.

Zip Country  
33304 BROWARD

Zip Country  
33304 BROWARD

REINSTATEMENT 02-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
650843324

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
THEODORE A SPILIOTIS

Street Address (P.O. Box Number is Not Acceptable)  
1036 NE 8TH AVE

Suite, Apt. #, Etc.

City  
FORT LAUDERDALE

State Zip Code  
FL 33304

000054222098  
05/10/05--01077--003 \*\*600.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Theodore A Spiliotis*  
REGISTERED AGENT MUST SIGN

Date 04/21/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	THEODORE SPILIOTIS	1036 NE 8TH AVE	FORTLAUDERDALE, FL. 33304

*TS*

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Theodore A Spiliotis* Theodore A. Spiliotis

04/21/05

954-471-9108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

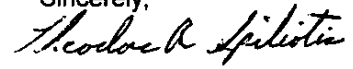
Daytime Phone #

CR2E081 (01/05)

Equity Exchange, Inc.  
1036 ne 8th ave.  
Fort lauderdale, Fl. 33304

Florida Dept. Of Corporation,  
I did not recieve any notices of annual reports. Please waive the \$600.00 reinstatment fee. I have inclosed the  
annual report fees of \$600.00.

Sincerely,



Theodore A. Spiliotis