


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V14163 1. Entity Name KURBAN AND SONS, INC.	
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FILED
 04 NOV 12 PM 3: 00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 7669 HIGH PINE RD ORLANDO, FL 32819 US	Mailing Address 7669 HIGH PINE RD ORLANDO, FL 32819 US		
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

10272004	REIN-P	CR2E098 (6/04)
4. FEI Number 59-3146109		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KURBAN, MICHEL G
 7669 HIGH PINE ROAD
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: **HENRY M. KURBAN**

Street Address (P.O. Box Number is Not Acceptable):
7669 HIGH PINE ROAD

City: **ORLANDO** FL Zip Code: **32819**

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: *H. Kurban* **HENRY M. KURBAN, PRESIDENT** DATE: **NOVEMBER 6th/2004**

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

FILE NOW!!! FEE IS \$150.00
 After January 1, 2005, 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: T NAME: KURBAN, PAULA STREET ADDRESS: 7669 HIGH PINE RD CITY-ST-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE: P NAME: KURBAN, HENRY M STREET ADDRESS: 7669 HIGH PINE RD CITY-ST-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE: S NAME: KURBAN, RICHARD M STREET ADDRESS: 7669 HIGH PINE RD. CITY-ST-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *H. Kurban* **HENRY M. KURBAN, PRESIDENT** DATE: **Nov 6th/04** (HDT) 363-5716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR