


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000062635</b>		
1. Entity Name <b>SHEBAN INVESTMENTS CORP.</b>		

**FILED**  
04 OCT 21 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5114 S.E. 41 AVE. OCALA, FL 34480	Mailing Address 5114 S.E. 41 AVE. OCALA, FL 34480
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2. Principal Place of Business <b>401 SE 48 Ave</b>	3. Mailing Address <b>401 SE 48 Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>OCALA FL</b>	City & State <b>OCALA FL</b>
Zip <b>34471</b>	Country <b>USA</b>



**REINSTATEMENT** (6/04) **04**

4. FEI Number <b>80-0068291</b>	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 <b>ONEGA, JUAN</b> 5114 S.E. 41 AVE. OCALA, FL 34480	
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7. Name and Address of New Registered Agent Name <b>ONEGA, JUAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 SE 48 Ave</b> City <b>OCALA</b> FL Zip Code <b>34471</b>	
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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 <i>Juan Onega</i>	DATE

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ONEGA, JUAN 5114 S.E. 41 AVE. OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>401 SE 48 Ave</b> <b>OCALA FL 34471</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ONEGA, SELMA 5114 S.E. 41 AVE. OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>401 SE 48 Ave</b> <b>OCALA FL 34471</b> <input checked="" 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	<b>500042064425</b> <b>10/21/04--01033--013 **150.00</b> <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: *Juan Onega*

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