

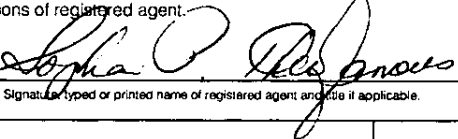



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 AM 10:17

DOCUMENT # N93000001832 1. Entity Name ENOSIS, INC.					
Principal Place of Business 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935 US			Mailing Address 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935 US		
2. Principal Place of Business - No P.O. Box # 510 Waterfront St. Suite, Apt. #, etc. Melbourne, FL City & State		3. Mailing Address 510 Waterfront St. Suite, Apt. #, etc. Melbourne, FL City & State			
Zip 32934		Country		4. FEI Number 59-3181322	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent THEOFANOUS, SOPHIA P 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name THEOFANOUS, Sophia Street Address (P.O. Box Number is Not Acceptable) 510 Waterfront St. City Melbourne FL Zip Code 32934			
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 31 March 2008	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THEOFANOUS, SOPHIA P 441 N HARBOR CITY BLVD, APT C13 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THEOFANOUS, SOPHIA P. 510 Waterfront St. MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAPALAS, ANTHONY 15 RENEE CT ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSTIS, Gloria 3223 S. Atlantic Ave. Apt.505 Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHILIPS, CONSTANTINOS 925 HWY A1A, #404 SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900121947509 04/02/08--01034--001 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAVLAKOS, MARY 813 OAKWOOD DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS. 4/3/08 REINSTATEMENT	
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 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 617, 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: SOPHIA P. THEOFANOUS  31 March 2008 321-676-2585					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					