

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000000624 1. Entity Name AESSEAL, INC.						FILED 06 AUG -9 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10231 COGDILL RD, STE 105 KNOXVILLE, TN 37932				Mailing Address 10231 COGDILL RD, STE 105 KNOXVILLE, TN 37932			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 05-06 05/17/2006 REINSTATEMENT 05-06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 62-1869904				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 YEO, SCOTT 937 SYMPHONY ISLE BLVD APOLLO BEACH, FL 33572			
7. Name and Address of New Registered Agent Name BRYAN GREER Street Address (P.O. Box Number is Not Acceptable) 309 9th St. NE City Fort Meade FL Zip Code 33841				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 07/31/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GROVE, TOM 10231 COGDILL RD STE 105 KNOXVILLE, TN	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition 600079047946 08/23/06--01026--023 **900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREATTI, RICH 10231 COGDILL RD STE 105 KNOXVILLE, TN	<input checked="" 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	CD REA, CHRIS 10231 COGDILL RD STE 105 KNOXVILLE, TN	<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 checked="" type="checkbox"/> Addition D Jeffrey Hamilton 5920 Dry Creek Lane NE Cedar Rapids, IA 52402		
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 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7/20/06 Daytime Phone # (865) 531-0192			