2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 AUG 24 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004392

1. Entity Name
EXPANSION SPECIALTIES, INC.

Principal Place of Business	Mailing Address
150 N. GIBSON ROAD STE. B HENDERSON, NV 89014	150 N. GIBSON ROAD STE. B HENDERSON, NV 89014

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08212006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number 88-0210388 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, D. FRANK
145 N. MAGNOLIA AVE.
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ 8/21/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CP	DOUGLAS, WILLIAM L	2028 CATALINA MARIE AVE.	HENDERSON, NV 89074	☐
VP	JAEGER, LORI L	6386 BRINEY DEEP AVE	LAS VEGAS, NV 89139	☐
ST	DOUGLAS, SALLY L	2028 CATALINA MARIE	HENDERSON, NV 89074	☐
				☐
				☐
				☐

8/28/06

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		10900 Road 20	Cortez, CO 81321-8737	☑	☐
		600079532966	09/07/06--01006--004 **308.75	☐	☐
		10900 Road 20	Cortez, CO 81321-8737	☑	☐
				☐	☐
				☐	☐
				☐	☐

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: Lori L Jaeger — 8/23/06 — 7025648081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #