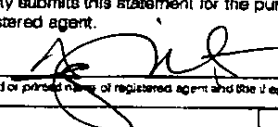
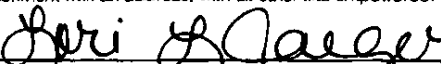


2006 FOR PROFIT CORPORATION
REINSTATEMENT

FILED

06 AUG 24 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004392					
1. Entity Name EXPANSION SPECIALTIES, INC.					
Principal Place of Business 150 N. GIBSON ROAD STE. B HENDERSON, NV 89014			Mailing Address 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	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 the applicable			(NOTE: Registered Agent's signature required when reinstating)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DOUGLAS, WILLIAM L		NAME	10900 Road 20	
STREET ADDRESS	2028 CATALINA MARIE AVE.		STREET ADDRESS	Cortez, CO 81321-8737	
CITY-ST-ZIP	HENDERSON, NV 89074		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JAEGER, LORI L		NAME	600079532966	
STREET ADDRESS	6388 BRINEY DEEP AVE		STREET ADDRESS	09/07/06--01006--004 **308.75	
CITY-ST-ZIP	LAS VEGAS, NV 89139		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DOUGLAS, SALLY L		NAME	10900 Road 20	
STREET ADDRESS	2028 CATALINA MARIE		STREET ADDRESS	Cortez, CO 81321-8737	
CITY-ST-ZIP	HENDERSON, NV 89074		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			8/23/06 7025648081		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone *		