## 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # F03000004454				04 DEC 13 PM 3:31		
1. Entity Name DENSHAW, INC.				COMPANY OF CLATE		
				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Plac	e of Rusiness	Mailing Address		The second of th		
Principal Place of Business 3947 W. SLAUSON AVENUE		<del>"</del>		PRINCIPATEMENT		
LOS ANGELES, CA 90043		LOS ANGELES, CA 90043		RENSTATEMENT of		
2. Principal Place of Business		3. Mailing Address		. 1881/48 XXI 88/18 XXII 88/11 88/11 88/11 88/11 88/11 88/11 88/11 8XXII 8XXII 8XXII 8XXII 8XXII 8XXII 8XXII 8		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number Applied For		
City di State		Only a state		91-1943147 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	l Registered Agent	<u> </u>	7. Name and Address of New Registered Agent		
MITCHELL, ADRIAN 210 S. GOLFCOURSE RD.			Name	Name		
			Street Addr	ess (P.O. Box Number is Not Acceptable)		
HURLBURT FIELD, FL 32544						
	•		City	Zip Code		
R The above	narriad entity submits this statement f	or the nurnose of changing ite	<u> </u>	FL Zip Code		
	tions of registered agent.	or the purpose of changing its	registered differ or ret	Jistered agent, or both, in the State of Piorida. If am familiar with, and accept		
SIGNATURE.	( dona) Vil	ilula		12/7/04		
	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	E: Registered Agent signature	required when reinstating) DATE		
	E NOWIII FEE IS \$750.00 nuary 1, 2005, Fee will be \$900.	00				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P COLEMAN SUMBON	☐ Delete	TITLE	500043370295 Addition		
NAME STREET ADDRESS	COLEMAN, SHARON 3947 SLAUSON AVENUE		NAME Street Address	500043370255 Addition 12/13/0401064002 **758.75		
CITY-ST-ZIP	LOS ANGELES, CA 90043		CITY-ST-ZIP	·		
TITLE		☐ Delete	TITLE	Change Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME		Delete	TITLË NAME	Change Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME	}	☐ Detete	TITLE NAME	. Change Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		,	CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	Change Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	Dob D. 120		
TITLE NAME		☐ Delete	TITLE NAME	Change Addition		
STREET ADDRESS	<u> </u>		STREET ADDRESS	1		
CITY-ST-ZIP			CITY-ST-ZIP	12 Control 440 07(0)() Florida Ondrida ()		
indicated of the collection of the collection changed	certify that the information supplied wit in this report or supplemental report reporation or the regeling or trustee emin , or on an attach markwith an address.	in this filling does not qualify fo is trae and accurate and that r powered to execute this report with all other like empowered	r tne exemption stated ny signature shall have as required by Chapte	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director or 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if		
-	Main	11/1 -		12/02/04 3232955484		
SIGNATURE: / MUTUAL 12/04/9 3232732787						