


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000004380		
1. Entity Name FACTICON, INC.		

FILED

06 DEC -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



Principal Place of Business 2173 MACDADE BLVD - SUITE H HOLMES, PA 19043	Mailing Address PO BOX 1179 CHADDS FORD, PA 19317
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2. Principal Place of Business 871 BALTIMORE PIKE Suite, Apt. #, etc. SUITE 31	3. Mailing Address Suite, Apt. #, etc.
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City & State Glen Mills, PA	City & State
Zip 19342	Country USA

11212006 REIN-P CR2E098 (11/05)

4. FEI Number 23-2669212	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, TERESA 4736 FRANTZ COURT APT 9 WINTER PARK, FL 32792	
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7. Name and Address of New Registered Agent Name: MILLER, TERESA Street Address (P.O. Box Number is Not Acceptable): 2805 Copper Ridge Court City: LAKE MARY FL Zip Code: 32746	
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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: <u>Teresa Miller</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____	
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FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BULLOCK, JOHN F 31 REGENCY PLAZA - 871 BALT PIKE GLEN MILLS, PA 19342 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JENSEN, JAMES A 1521 COLONIAL DR BOOTHWYN, PA 19061 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900082214439 12/01/06--01056--013 **750.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 11/22/06 Daytime Phone #: 610-459-0800