


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -9 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004709		
1. Entity Name DULUTH PCS, INC.		

Principal Place of Business 1245 W. FAIRBANKS, STE. 380 WINTER PARK, FL 32789-4878	Mailing Address P.O. BOX 2747 WINTER PARK, FL 32790-2747
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2. Principal Place of Business 2527 E. Semoran Blvd	3. Mailing Address same as 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Apopka, FL	City & State
Zip 32703	Country USA

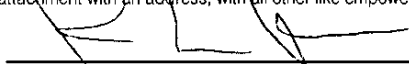
6. Name and Address of Current Registered Agent VEGA, RICHARD L 1245 W. FAIRBANKS, STE. 380 WINTER PARK, FL 32789-4878	
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7. Name and Address of New Registered Agent Name Richard Vega Street Address (P.O. Box Number is Not Acceptable) 2527 E. Semoran Blvd. City Apopka FL Zip Code 32703	
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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 	DATE 10/05/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VEGA, RICHARD L 1245 W. FAIRBANKS, STE. 380 WINTER PARK, FL 327894878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Richard Vega 2527 E. Semoran Blvd. Apopka, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WILLIAM 28 OLD FULTON ST., APT. 5A BROOKLYN, NY 11201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000000000000000 10/10/06 01054-017 *\$100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENOCHS, JAMES W JR. 416 RANDOLPH RD. HOPEWELL, VA 23860 <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	D DEITZ, MICHAEL 5211 W. 64TH TERR. PRAIRIE VILLAGE, KS 66208 <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	D KUNKLE, DONALD 2565 COLT ROAD RANCHOS PALOS VERDES, CA 90274 <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	D AGGARWAL, DARSH 8 MORRIS ROAD IRVINE, CA 92620 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10/05/06 407.592.9018 Daytime Phone #

10/11/06