

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

DOCUMENT # F97000006459			
1. Entity Name TELEFYNE INCORPORATED			
Principal Place of Business 4286 WOODBINE RD. SUITE B PACE, FL 32571		Mailing Address 4286 WOODBINE RD SUITE B PACE, FL 32571	
2. Principal Place of Business 4286 Woodbine Rd Suite, Apt. #, etc. Suite D City & State Pace FL Zip 32571 Country Santa Rosa		3. Mailing Address 4286 Woodbine Rd Suite, Apt. #, etc. Suite D City & State Pace, FL Zip 32571 Country Santa Rosa	
4. FEI Number 63-1194114		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEVENS, CHRISTINE 4286 WOODBINE RD STE B PACE, FL 32571		7. Name and Address of New Registered Agent Name Christine Bellas Street Address (P.O. Box Number is Not Acceptable) 4286 Woodbine Rd Ste. D City Pace FL Zip Code 32571	
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 Christine Bellas 10-6-05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY - ST - ZIP	PCSD BELLAS, JORGE 4286 WOODBINE RD STE B PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCSD Bellas, Jorge 4286 Woodbine Rd Ste D Pace, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEVENS, CHRISTINE 4286 WOODBINE RD, STE B PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Christine Bellas 4286 Woodbine Rd Ste D Pace, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600060454586 10/10/05--01067--009 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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: Christine Bellas 10-6-05 850.995.8807		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mc Phone #	

10/11/05