

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H60635

Entity Name: JOEL TRAUB, INC.

FILED
Sep 20, 2005
Secretary of State

Current Principal Place of Business:

417 COMMERCIAL CT. ST. B
VENICE, FL 34292

New Principal Place of Business:

417 COMMERCIAL CT.
SUITE B
VENICE, FL 34292

Current Mailing Address:

417 COMMERCIAL CT. ST. B
VENICE, FL 34292

New Mailing Address:

417 COMMERCIAL CT.
SUITE B
VENICE, FL 34292

FEI Number: 59-2538903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAUB, JOEL
395 N HAVANA ROAD
VENICE, FL 34242 US

Name and Address of New Registered Agent:

TRAUB, JOEL A MR
4600 FORBES TRAIL
VENICE, FL 34242 US

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.

SIGNATURE: JOEL TRAUB

09/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAUB, JOEL,
Address: 395 HAVANA RD N.
City-St-Zip: VENICE, FL

Title: ST () Delete
Name: TRAUB, TAMMY,
Address: 395 HAVANA RD N.
City-St-Zip: VENICE, FL

Title: VP () Delete
Name: GIFFORD, THOMAS
Address: 361 AVENIDA MADENA
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRAUB, JOEL,
Address: 4600 FORBES TRAIL
City-St-Zip: VENICE, FL 34292

Title: ST (X) Change () Addition
Name: TRAUB, TAMMY,
Address: 4600 FORBES TRAIL
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL TRAUB

PD

09/20/2005

Electronic Signature of Signing Officer or Director

Date