2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L79521

FILED Oct 05, 2005 Secretary of State

Entity Name: PRO FOCUS ENTERPRISES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2070 IOWA AVE NE ST PETERSBURG, FL 33704				2070 IOWA AVE NE ST PETERSBURG, FL 33703		
Current M	ailing Addre	ess:	New Maili	New Mailing Address:		
2070 IOWA AVE NE ST PETERSBURG, FL 33704				2070 IOWA AVE NE ST PETERSBURG, FL 33703		
FEI Number:	59-3013076	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate	of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GASSMAN 1212 COU SUITE B CLEARWA		616 US				
	named entity of Florida.	submits this statement for the p	urpose of changing it	s registered office or reg	istered agent, or both,	
SIGNATUR	RE: MARK T					
	Electro	onic Signature of Registered Age	nt	Da	ate	
		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice	э.		
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V (HOYER, DON 6530 78TH AV PINELLAS PA	/E. NORTH	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	PCEO (TABER, MARI 535 21 AVENI PINELLAS PA	JE NE	Title: Name: Address: City-St-Zip:	PCEO (X) Change () TABER, MARK, 2070 IOWA AVENUE NE SAINT PETERSBURG, FL 3		
Title: Name: Address: City-St-Zip:	V (PIPPINGER, I 6530 78TH AI PINELLAS PA	/E. NORTH	Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title:	TS () Delete	Title:	() Change()	Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK TABER **PCEO** 10/05/2005

ALDERSON, KRISTY

ST PETERSBURG, FL

535 21ST AVE NE

Name: Address:

City-St-Zip: