2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

	Secretary of State
TION, INC.	
New Principal Place	of Business:
New Mailing Address	s:
FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address o	f New Registered Agent:
pose of changing its registered	d office or registered agent, or both,
	Date
ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	() Change () Addition
	Name and Address of the control of t

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAREED OSSI DP 10/22/2005