3005 FOR PROFIT CORPORATION REINSTATEMENT

Misting Accress Wide N. 3011-N. MS. OLD FERRORITE A SOCIALTS 126 PROSPECT SIRET OMERSTEE, M. 02139 2. Principal Place of Business 4. Sulfa, April 4, etc. Sulfa, April 4, etc. 120. I Many a firence City & Sirete City & Sirete County Tal Jainsaees, Fr. 11-11-11-11-11-11-11-11-11-11-11-11-11-	1. Entity Nam	ne	# P0000035 OOD, INC.	979	•				F []. 05 APR 15	ED AH 8	: 13	
Solitor Appl. 4. etc. Sulter Appl. 4. etc.	4046 N. 301	TH AVE.		C/O FERRANTE & ASSOCIATES 126 Prospect Street					M 4411		ITI A 10 1M 1 2 414 15	H K B
City & State Copy & Single Country Coun	c/o Corporat					on Service Company						
City & State Cay & State Cay & State Se2225652 Nath Application	Suite, Apt.	#, etc.						@300E003	10年10年11日	_1 0=2∈	098 (6/04)	M. O
So Name and Address of Current Registered Agent So Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Accoptable) City FL Zip Code 8. The above named entity submits has statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the obligations of projectered agent or the obligations of projectered agent or both in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of projectered agent or the obligations of Florida. I am familiar with, and accept the purpose of projectered agent of purpose of changing its registered agent, or both in the florida. I am familiar with a purpose of the purpose of projectered agent of purpose of changing its registered agent of purpose of purpo	City & Stat	te								-		`
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Name				32301-2525	,			5. Certificate of Status Desired Fee Required				
CORPORATION SERVICE COMPANY TALLAHASSEE, FL 32301-2525 City FL Zip Code		6. Name	and Address of Current F	Registered Agent		Name						
8. The above named only submits this statement for the purpose of changing its registered of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Asst. Vice President Asst. Vice President FILE NOW!!! FEE IS \$900.00 10.	1201 HAY	-	<u></u>	Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the purpose of changing its registers (1997) and the obligations of changing the obligations of changing the obligations of changing and the collegations of changing and the change of the obligations of changing and the change of the obligations of changing and the change of the chang			City	E					9			
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algreture required when reinstating) DATE											
TITLE NAME FRIEDLANDER, MITCHELL STRET ADDRESS CITY-ST-2P TORONTO, ONT MSS 2B4, TITLE PRIEDRICHSEN, JOHN B FIRET ADDRESS TREET	FILE NOW!!! FEE IS \$900.00											
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SIGNATURE: NASS 3/29/65 443471/190	of the cor	poration or th	ne receiver or trustee empor	wered to execute this report	the exe ny signa as requi	mption stat ture shall h red by Cha	ted in Se ave the s opter 607	ction 119.07(3) same legal effe ', Florida Statut	XI), Florida Statutes, I lot as if made under of es; and that my name	turther cer bath; that I a appears in	ury that the ir am an officer n Block 10 or	normation or director Block 11 if
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #												