
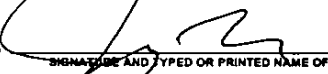


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000095198</b> 1. Entity Name <b>TRENCH TECHNICIANS, INC.</b>			FILED 06 JAN 24 PM 3: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 7552 GRIFFIN RD DAVIE, FL 33314		Mailing Address 7552 GRIFFIN RD DAVIE, FL 33314	
2. Principal Place of Business 9950 S.E. 140 AVENUE Suite, Apt. #, etc.	3. Mailing Address <i>C/O LANIA CPA</i> 8982 TAFT STREET Suite, Apt. #, etc.		
City & State DUNNELLON, FLORIDA Zip 34431-7449 Country USA		City & State PEMBROKE PINES, FLORIDA Zip 33024-4668 Country USA	
4. FEI Number 65-1041796		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OBIER, JAMES E C/O LANIA CPA 8982 TAFT ST HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$300.00</b>		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: D NAME: O'BIER, JAMES E <input type="checkbox"/> Delete STREET ADDRESS: 7552 GRIFFIN RD CITY-ST-ZIP: DAVIE, FL 33314	TITLE: D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 9950 S.E. 140 AVENUE CITY-ST-ZIP: DUNNELLON, FLORIDA 34431-7449	TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: JOSEPH S. LANIA STREET ADDRESS: 8982 TAFT STREET CITY-ST-ZIP: PEMBROKE PINES, FLORIDA 33024-4668
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 300065565073 CITY-ST-ZIP: 02/10/06--01015--005 ***150.00	TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		JOSEPH S. LANIA, CPA Director	
_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01/18/2006 (954) 432-2299 Date Daytime Phone #	

**JOSEPH S. LANIA, C.P.A., P.A.**

8982 Taft Street  
Pembroke Pines, Florida 33024

(954) 432-2299  
fax 432-7339

Member of  
American Institute of C.P.A.

January 18, 2006

Attn: REINSTATEMENT  
Florida Department of State  
Division of Corporations  
P.O. Box # 6327  
Tallahassee, FL 32314

Re: Trench Technicians, Inc.  
DOC #P00000095198  
2006 Annual Report and  
2005 Reinstatement

Dear Department of State,

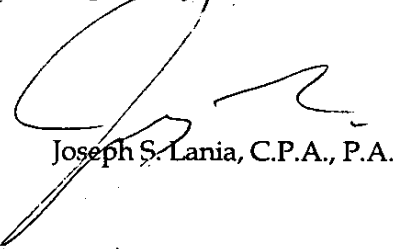
As we discussed during my telephone call, and in accordance with s. 607.193(2)(b) F.S., this Corporation did not receive prior notice of dissolution or any correspondence from the Florida Department of State.

I timely submitted the 2005 Corporate Annual Report and fully paid the fee on April 20, 2005. The officers of the Corporation were not available to sign, that is why I signed and paid with my check for 2005. I am enclosing a copy of my cancelled check from the bank.

The Company also moved to Dunnellon during the year and perhaps that is why they never received a notice. In any event, we respectfully request that you waive any reinstatement fees and process the 2006 Florida Annual Report. *Thank you for your assistance in this matter.*

If you have any questions, or need additional information, please feel free to call my office.

Respectfully,



Joseph S. Lania, C.P.A., P.A.