

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000053615</b> 1. Entity Name <b>VERAX ENTERPRISES, INC.</b>				05 JUL 26 AM 8:43 REINSTATEMENT	
Principal Place of Business <b>5770 LEON TYSON ROAD ST. CLOUD, FL 34771</b>		Mailing Address <b>5770 LEON TYSON ROAD ST. CLOUD, FL 34771</b>		 <b>REINSTATEMENT</b> 07/19/2005 REIN-P CR2E098 (6/04) 04-05	
2. Principal Place of Business <b>1361 RV LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1361 RV LANE</b> Suite, Apt. #, etc.			
City & State <b>KISSIMMEE, FL</b> Zip <b>34744</b> Country		City & State <b>KISSIMMEE, FL</b> Zip <b>34744</b> Country			
4. FEI Number <b>59-3722339</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRIMBRELL, GARY R 5770 LEON TYSON ROAD ST. CLOUD, FL 34771</b>		7. Name and Address of New Registered Agent Name <b>GEORGE KISSINGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1361 RV LANE</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34741</b>			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>GEORGE M. KISSINGER IV</b> <sup>PRES</sup> <b>JULY 19, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>			
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISSINGER, GEORGE M IV 2506 MAUI CIRCLE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMBRELL, GARY R 5770 LEON TYSON ROAD ST. CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIMBRELL, KELLY 5770 LEON TYSON ROAD ST. CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>GEORGE M KISSINGER IV</b> <sup>7/19/05</sup> <b>321 443</b> <small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>			