

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000003360

FILED  
May 11, 2005  
Secretary of State

Entity Name: MOISTURE CONTROL SYSTEMS, INC.

## Current Principal Place of Business:

1251 SEMINOLA BLVD  
STE 300  
ORLANDO, FL 32807

## New Principal Place of Business:

1043 SEMINOLA BLVD.  
CASSELBERRY, FL 32707

## Current Mailing Address:

1251 SEMINOLA BLVD  
STE 300  
ORLANDO, FL 32807

## New Mailing Address:

1043 SEMINOLA BLVD  
CASSELBERRY, FL 32707

FEI Number: 01-0582557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHAARE, JANET  
3848 BECONTREE PL.  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

SCHAARE, JANET  
3519 WADING HERON TERRACE  
OVIEDO, FL 32766 US

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.

SIGNATURE: JANET SCHAARE

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD (X) Delete  
Name: SHERWOOD, R.E.  
Address: 2615 S. GOLDENROD RD.  
City-St-Zip: ORLANDO, FL 32822

Title: VD ( ) Delete  
Name: HIRST, H.A.  
Address: 3807 EDLAND DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete  
Name: HIRST, P.D.  
Address: 14207 SQUIRREL RUN  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: HIRST, H.A.  
Address: 3807 EDLAND DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: VD (X) Change ( ) Addition  
Name: HIRST, P.D.  
Address: 14207 SQUIRREL RUN  
City-St-Zip: ORLANDO, FL 32828

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.

SIGNATURE: PHILLIP HIRST

VD

05/11/2005

Electronic Signature of Signing Officer or Director

Date