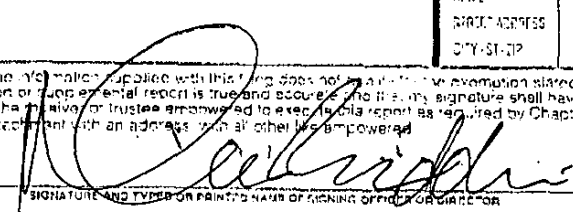


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BOUVIER AS

2005 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P02000034997						05 MAY 18 AM 11:01	
1. Entity Name WZ J. LINE, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8201 S TAMiami TRAIL #K-E SARASOTA, FL 34238		Mailing Address 8201 S TAMiami TRAIL #K-E SARASOTA, FL 34238				04-55 T. Roberts MAY 26 2005	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05162005 REIN-P CR2E098 (6/04)			
City & State		City & State		4. FEI Number 32-0008482		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired		* \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIDDQUI, WASEEM A 8201 S TAMiami TRAIL #K-E SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature typed or printed name of registered agent and date of approval (NOT: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$300.00				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	P	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	WASEEM, SIDDQUI A			NAME	500054736115		
STREET ADDRESS	8201 S TAMiami TRAIL #K-E			STREET ADDRESS	05/18/05--01034--004 **\$300.00		
CITY-STATE-ZIP	SARASOTA, FL 34238			CITY-STATE-ZIP	600054736366		
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME	05/18/05--01034--005 **\$8.75		
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not fall under the exemption stated in Section 119.07(3)(c), 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 individual 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, changed, or on an attachment with an address with all other law empowered.							
SIGNATURE: 				5/16/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							