

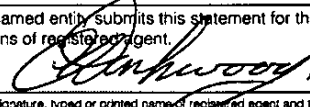
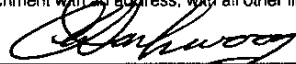


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000037180 1. Entity Name KENT ENGINEERING, INC.						FILED 05 JUN 20 AM 11:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 12765 FOREST HILL BLVD 1302 WELLINGTON, FL 33414 FL				Mailing Address 12765 FOREST HILL BLVD 1302 WELLINGTON, FL 33414 FL							
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 04-05 05/12/05 FEE: \$300.00 (S/04)							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip		Zip									
Country		Country		4. FEI Number APPLIED FOR 20-0853823							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MENDOZA, MARIO G 12765 FOREST HILL BLVD 1302 WELLINGTON, FL 33414							
7. Name and Address of New Registered Agent Name Charles D. Dashwood Street Address (P.O. Box Number is Not Acceptable) 13735 Doubletree Trail City Wellington FL Zip Code 33414				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  6-14-05 (NOTE: 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete DASHWOOD, CHARLES D 13735 DOUBLETREE TRAIL WELLINGTON, FL 33414			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300056308813 06/17/05--01064--001 **\$300.00						
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						
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: 				6-14-05							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #							