


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000097574	
1. Entity Name SYMBOL INC.	

FILED
05 JUL 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1703 MAHAN DR TALLAHASSEE, FL 32308	Mailing Address 1703 MAHAN DR TALLAHASSEE, FL 32308
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2. Principal Place of Business 4091 OLD BAIN BRIDGE RD Suite, Apt. #, etc.	3. Mailing Address 4091 OLD BAIN BRIDGE RD Suite, Apt. #, etc.
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07262005 REIN-P CR2E098 (6/04)

City & State Quincy, FL 32351	City & State Quincy, FL 32351
Zip 32351	Country CRADSEN

4. FEI Number 54-2072569	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, KIRIT J 1703 MAHAN DR TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name KIRIT J Street Address (P.O. Box Number is Not Acceptable) 4091 OLD BAIN BRIDGE RD City Quincy FL Zip Code 32351
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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 _____

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	D PATEL, KIRIT J 980 W BREVARD ST TALLAHASSEE, FL 323047709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10005848441 08/11/05--01039--023 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, SHEFALIBEN 980 W BREVARD ST TALLAHASSEE, FL 323047709 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-26-05 850 872 2720
Date Daytime Phone #