

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000110020

Entity Name: EQUINOX VENTURES, INC.

FILED
Sep 20, 2006
Secretary of State

Current Principal Place of Business:

512 CYPRESS AVE
VENICE, FL 34292

New Principal Place of Business:

2409 HERMITAGE BLVD
VENICE, FL 34292

Current Mailing Address:

512 CYPRESS AVE
VENICE, FL 34292

New Mailing Address:

2409 HERMITAGE BLVD
VENICE, FL 34292

FEI Number: 51-0434395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALUTER, PHILIP
512 CYPRESS AVE
VENICE, FL 34292 US

Name and Address of New Registered Agent:

SALUTER, PHILIP
2409 HERMITAGE BLVD
VENICE, FL 34292 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: CONNIE L. SALUTER

09/20/2006

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: D () Delete
Name: SALUTER, PHILIP
Address: 512 CYPRESS AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: SALUTER, CONNIE
Address: 512 CYPRESS AVE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALUTER, PHILIP
Address: 2409 HERMITAGE BLVD
City-St-Zip: VENICE, FL 34292

Title: D (X) Change () Addition
Name: SALUTER, CONNIE
Address: 2409 HERMITAGE BLVD
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PHILIP A. SALUTER

D

09/20/2006

Electronic Signature of Signing Officer or Director

Date