2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 MAY 25 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128284

1. Entity Name
TERPS, INC.

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
7631 DESERT INN WAY BRADENTON, FL 34202	7631 DESERT INN WAY BRADENTON, FL 34202

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12616 Elgin Terrace	12616 Elgin Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34202 Country: Manatee	Zip: 34202 Country: Manatee

4. FEI Number: 30-0144145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, STACY 7631 DESERT INN WAY BRADENTON, FL 34202	Name: Same Street Address (P.O. Box Number is Not Acceptable): 12616 Elgin Terrace City: Bradenton FL Zip Code: 34202

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: X _____ 5/14/07
Signature, typed or printed name of registered agent and title if applicable. (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 GORDON, BRUCE 7631 DESERT INN WAY BRADENTON, FL 34202	☐ Delete	Same 12616 Elgin Terrace Bradenton, FL 34202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, STACY 7631 DESERT INN WAY BRADENTON, FL 34202	☐ Delete	Same 12616 Elgin Terrace Bradenton, FL 34202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$265	☐ Delete	500104101455 06/08/07--01004--013 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X _____ 5/14/07 941 232 4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #