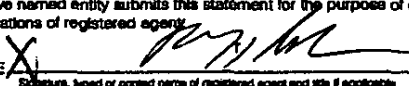
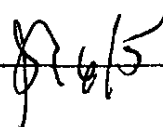


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 25 PM 12:44

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128284			
1. Entity Name TERPS, INC.			
Principal Place of Business 7631 DESERT INN WAY BRADENTON, FL 34202		Mailing Address 7631 DESERT INN WAY BRADENTON, FL 34202	
2. Principal Place of Business - No P.O. Box # 12616 Elgin Terrace		3. Mailing Address 12616 Elgin Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34202	Country Marshall	Zip 34202	Country Marshall
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 GORDON, STACY 7631 DESERT INN WAY BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name: Jane 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:  DATE: 5/14/07			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jane 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jane 12616 Elgin Terrace Bradenton, FL 34202 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500104101455 06/08/07--01004--013 **300.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		5/14/07 941 232 4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	