2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 SEP 26 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000010019

1. Entity Name
REPROMAKERS, INC.

Principal Place of Business	Mailing Address
1555 JUPITER PARK DR., SUITE 10 JUPITER, FL 33458 US	18316 FLAGSHIP CIRCLE JUPITER, FL 33458 US

09212005 REIN-P CR2E098 (6/04) TK 9/27

2. Principal Place of Business		3. Mailing Address	
		1555 Jupiter Park Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 10	
City & State		City & State Jupiter, Florida	
Zip	Country	Zip 33458	Country USA

4. FEI Number 14-1867937 — 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Tom Goedmakers Street Address (P.O. Box Number is Not Acceptable) 18316 Flagship Circle City Jupiter FL Zip Code 33458

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 [signature] (CFO) 9/21/05
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $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	PCEO GOEDMAKERS, TOM 18316 FLAGSHIP CIRCLE JUPITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059905306 09/26/05--01002--002 **158.75	☐ Change ☐ Addition
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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 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] Tom Goedmakers 9/21/05 (561) 748 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #