## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000010644

FILED Oct 21, 2008 Secretary of State

Entity Nan	ne: ULTIMATE	E LEATHER CARE INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1917 POME OCOEE, FL	EGRANATE CO _ 34761	OURT			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1917 POMEGRANATE COURT OCOEE, FL 34761		P.O. BOX 1202 OCOEE, FL 34761			
FEI Number:	42-1572747	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	S, MICHAEL W EGRANATE CO 2 34761 US	DURT			
The above in the State		ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR		W. GRIFFITHS			
Electronic Signature of Registered Agent Date				Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CO () GRIFFITHS, MA 1917 POMEGRA OCOEE, FL 347	NATE COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () GRIFFITHS, MIC 1917 POMEGRA OCOEE, FL 347	NATE COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MARY E. GRFFITHS CO 10/21/2008