


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000019638 1. Entity Name HOG WILD INVESTMENT CORP.			
Principal Place of Business 2166 JOG ROAD WEST PALM BEACH, FL 33415	Mailing Address 2166 JOG ROAD WEST PALM BEACH, FL 33415		
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 OCT 11 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

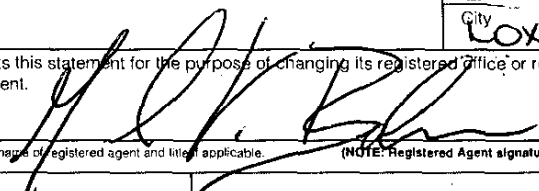


REINSTATEMENT 2004

4. FEI Number 22-3895759	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VANBALVEREN, GREGG S 10706 GREENWICH LN WELLINGTON, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16115 E. Pimlico Drive City Loxahatchee FL Zip Code 33470
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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: **10/6/04**

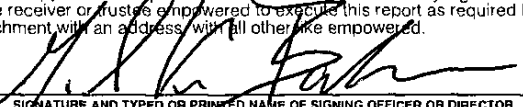
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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	P <input type="checkbox"/> Delete VANBALVEREN, GREGG S 10706 GREENWICH LN WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gregg Van Balveren 16115 E. Pimlico Drive Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete VANBALVEREN, MARIANA N 10706 GREENWICH LN WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mariana N. Van Balveren 16115 E. Pimlico Drive Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete CARD, LEONARD 2700 NE 135TH STREET, #36 NORTH MIAMI BEACH, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400041767944 10/11/04--01013--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **10/6/04** 561-434-6919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #