
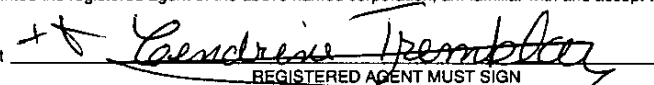



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <b>2005 AR</b> <b>AMENDED</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  05 JUN 30 AM 10:47  SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
<b>DOCUMENT #</b> P 03000030493																																	
<b>1. Corporation Name</b> Bedford & Tremblay Property Investments Inc.																																	
<b>2. Principal Office Address</b> 13155 Thrush St.			<b>3. Mailing Office Address</b> 11186 Spring Hill Dr.																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																														
City & State Spring Hill FL			City & State Spring Hill FL																														
Zip 34609		Country		Zip 34609																													
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 2005 AMENDED																																	
<b>5. FEI Number</b> 30-0242135				<b>Applied For</b> Not Applicable																													
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																																	
<b>7. Name and Address of Current Registered Agent</b>																																	
Name Candice Tremblay																																	
Street Address (P.O. Box Number is Not Acceptable) 13155 Thrush St.																																	
Suite, Apt. #, Etc. Spring Hill FL																																	
City Spring Hill				State FL																													
				Zip Code 34609																													
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>																																	
Signature of Registered Agent  Date 06-21-05																																	
REGISTERED AGENT MUST SIGN																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>PO</td><td>Candice Tremblay</td><td>13155 Thrush St.</td><td>Spring Hill FL 34609</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PO	Candice Tremblay	13155 Thrush St.	Spring Hill FL 34609																				
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300057720633 07/20/05--01056--011 **61.25																																	
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>																																	
<b>SIGNATURE:</b>  06-21-05 (727) 209-1333																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

CR2E081 (01/04)