2004 FOR PROFIT CORPORATION REINSTATEMENT

Principal Place of Business 835 SW 108 ST MAMI, FL 33156 P. D. BOX 5560112 P. D. BOX 5560112 MAMI, FL 33156 Suite, Apt. #, etc. Included Suite Suit	04		1949	ENT # P03000031	1. Entity Name
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Till 2004 REIN-P CR2E098 (6/04) Applied City & State Cry & State Cry & State Cry & State Zip Country Zip Country S. Certificate of Status Desired \$8.75 Address S. Name and Address of Current Registered Agent Name Size Address (P.O. Box Number is Not Acceptable) Name Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Address (P.O. Box Number is Not Acceptable) Till Number Size Ad			Mailing Address	f Business	Principal Place of
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EXIDED Country ZID Country ZID Country S. Certificate of Status Desired 8.7.5 Addition Fee Required 7. Name and Address of New Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. It an familiar with, and the obligations of registered agent, or both, in the State of Florida. ITILE Delete TILE NAME STRET ADDRESS OTY-ST-ZP TILE	4. FEI Nome		City & State		City & State
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. Lay familiar with, and the obligations of registered agent agent are one or registered agent agent agent agent are one of registered agent agent agent are one of registered agent agent are one of registered agent agent agent agent are required when refertables) FILE NOWITH FEE IS \$750.00 After January 1, 2005, Fee will be \$500.00 10. OFFICERS AND DIRECTORS ITILE MAME LITTKE, STEPHEN D Ba556 SW 108 ST SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33156 TILE NAME SIRET ADDRESS CITY-ST-ZP TILE TILE Delete TILE NAME SIRET ADDRESS CITY-ST-ZP TILE TILE Delete TILE Delete TILE Delete TILE Delete TILE Classes CITY-ST-ZP TILE TILE TILE Delete TILE Delete TILE Classes CITY-ST-ZP TILE TILE Classes CITY-ST-ZP TILE TILE Classe	5. Certificate of Status	Country	Zip	Country	Zip
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 do 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 Blochanged, or on an attachment with an address, with at other like empowered. SIGNATURE: SIGNATURE SIGNA	have the same legal effect as if mapter 607, Florida Statutes; and the	ny signature shalt hav as required by Chapt	is true and accurate and that in powered to execute this report ; with at other like empowered.	this report or supplemental report is ration or the receiver or trustee empor on an attachment with an address.	indicated on t of the corpora changed, or c