

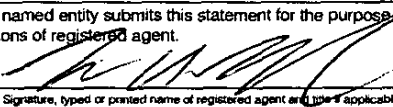
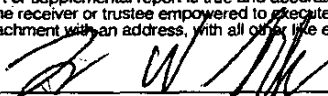


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000044298 1. Entity Name E. SHAFFER ENTERPRISES INC.						FILED 04 NOV 29 PM 4:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5966 COLTER RD MILTON, FL 32583		Mailing Address 5966 COLTER RD MILTON, FL 32583				 REINSTATEMENT 1,022,004 REIN 0 6822605(5/04) 2004	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number 55-0828480		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 SHAFFER, ERIC W 5966 COLTER RD MILTON, FL 32583				7. Name and Address of New Registered Agent 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAFFTER, ERIC W <input type="checkbox"/> Delete 5966 COLTER RD MILTON, FL 32583			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shaffer, Eric W <input checked="" 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	600043043296 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/29/04--01060--002 **750.00		
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date		Daytime Phone #	