2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000044298 1. Entity Name E. SHAFFER ENTERPRISES INC.						FILED 04 NOV 29 PI		
Principal Place of Business 5966 COLTER RD MILTON, FL 32583		Mailing Address 5966 COLTER RD MILTON, FL 32583		C		SECRETARY OF TALLAHASSEE, I		(187 : // 19 3)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1,702200 PAPINIAN Costamon(604)			
City & State		City & State			4. FEI Number 55 - 082 8480 Applied For Not Applicable			
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired \$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				
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 Signature, typed or pointed name of registered agent and tipe of applicable. (NOTE: Registered Agent algorithms required when releastating) 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 A	ND DIRECTOR	S IN 11
STREET ADDRESS 5966 CO	TER, ERIC W DLTER RD I, FL 32583	□ Delete		E P Sho EET ADDRESS	affer	, ERIC W	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ţ	11/29	0 004304 3 /0401060002	295 **750.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- !			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ar	AE EET ADDRESS Y-ST-ZIP			☐ Change	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 attractment with an address, with all other life empowered. SIGNATURE: SIGNATURE SIGNATURE Date Date Date Date Despute Phore 6								