2005 FOR PROFIT CORPORATION REINSTATEMENT:

DOCUMENT # P03000057241 1. Entity Name								-ED			
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				100	TE	SECHETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place		S	Mailing Address 2985 N. OCEAN BLVD	*			TALLAHASSEE, FLORIDA				
2985 N. OCEA GULF STREAM		3	183					7 П			
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2. Principal Pla											
335 OLD SCHOOL ROAD 1301 VIRGINIA D. Suite, Apt. #, etc.						05112005	REIN-P	CR2E098	L(6/04)		
City & State			City & State			4. FEI Numb			· ·	plied For	
GULF		EAM, FL	FORT WASHINGTON, P.				1168395	-		Applicable	
Zip 3348	.7	Country	Zip 1903 Y	Country		5. Certificate	e of Status Desired		. 75 Addi Required		
		and Address of Current F		Name	7. Name and Address of New Registered Agent						
GALE, PAL											
2985 N. OC GULF STR				Stree	Street Address (P.O. Box Number is Not Acceptable)						
	,								<u> </u>		
				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											
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FIL	E NOW!!	FEE IS \$300.00					In accordance v corporation did				
10.		OFFICERS AND I		11.	100	ADDITIONS	CHANGES TO OFF				
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CITY-ST-ZIP	pertify that th	e information supplied with	this filing does not qualify to	CITY-ST-ZIP	stated in Se	action 119 07/3	Yi) Florida Statutes	I further certify	that the ir	formation	
indicated of the cor	on this repo poration or the	rt or supplemental report is he receiver or trustee emen achment with an address	true and accurate and that wered to execute his repor with all other like empowered	my signature shat t as required by the	all have the Chapter 60	same legal effe 7, Florida Statut	ect as if made under tes; and that my nam	oath, that I am a e appears in Bl	an officer lock 10 or	or director Block 11 if	
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 ergrewered to execute and strength 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date:											
SIGNAT	UKE: _	CICHATIDE AND TYPED OF B	BINTED NAME OF SIGNING OFFICE	OR DIRECTOR		40	Date	301-33	TO Phone	· / /	

4/30/04 - 90224 - 040 - \$150

Gocial Gerstein, LLC certified public accountants

May 18, 2005

Florida Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Re: Blackfish, Inc P03000057241

Dear Sir/Madam:

Enclosed please find the 2005 For Profit Corporation Reinstatement Form for Blackfish, Inc. and a check in the amount of \$150 to cover the cost of the reinstatement fee. We did not receive any notices sent in 2004 and 2005. We did mail the 2004 return on April 29, 2004 with a check in the amount of \$150 to cover the fee. Please reinstate the account and waive any penalties.

If you have any questions, please do not hesitate to contact us. Thank you for your assistance in this matter.

Yours truly,

Ruby Singh, CPA

enclosures

Member of the International Network of Accountants and Auditors The Pavilion

Suite 900