


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000058616		
1. Entity Name S&R NETWORKS INC.		

FILED

05 NOV 29 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14964 LYMINGTON CIRCLE ORLANDO, FL 32826	Mailing Address 14964 LYMINGTON CIRCLE ORLANDO, FL 32826
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2. Principal Place of Business 5825 S. Orange Blossom Suite, Apt. #, etc.	3. Mailing Address 2887 Hazel Grove Ln Suite, Apt. #, etc.
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City & State Orlando FL	City & State Oviedo, FL
Zip 32839	Zip 32766
Country Orange	Country Seminole



11212005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent HUTCHESON, JEROME 14964 LYMINGTON CIRCLE ORLANDO, FL 32826		7. Name and Address of New Registered Agent Name Hutcheson, Jerome Street Address (P.O. Box Number Is Not Acceptable) 2887 Hazel Grove Ln. City Oviedo FL Zip Code 32766	
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4. FEI Number 20-0198230	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHESON, JEROME F 14964 LYMINGTON CIRCLE ORLANDO, FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061754858 11/29/05--01053--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANZ, BETH A 14964 LYMINGTON CIRCLE ORLANDO, FL 32826 <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
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: 	Date 11/21/05	Daytime Phone # 907-810-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		