2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000083572

FILED Mar 28, 2009 Secretary of State

Entity Nan	1e: AUSTIN	ESTATES, INC.			
Current Pr	incipal Plac	e of Business:	New Principal Plac	New Principal Place of Business:	
1410 FT. D LABELLE, F	ENAUD ROA FL 33935	AD.			
Current Ma	ailing Addre	ss:	New Mailing Addre	New Mailing Address:	
P.O. BOX 8 LABELLE, F			25400 HARMONY R SHERIDAN, OR 97		
FEI Number:	68-0572918	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
FAASS, RU 1410 CR 78 LABELLE, F	3 A FL 33935	US			
in the State		submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	E: RUTH F				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTSD (FAASS, RUTH 25400 SW HA SHERIDAN, O	RMONY RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (WILLARD, BA 381 SR 80 W LABELLE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH FAASS Ρ 03/28/2009