2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000087252

FILED May 26, 2005 Secretary of State

Entity Name:	FOWLER STREET INC.	
Current Princ	ipal Place of Business:	New Principal Place of Business:
718 NE 3RD A FT LAUDERD	AVE ALE, FL 33304	5630 HARDING STREET HOLLYWOOD, FL 33021 US
Current Maili	ng Address:	New Mailing Address:
718 NE 3RD A FT LAUDERD	NVE ALE, FL 33304	5630 HARDING STREET HOLLYWOOD, FL 33021 US
FEI Number: 38-3	3686123 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Ad	dress of Current Registered Agent:	Name and Address of New Registered Agent:
MOXON, GEO 718 NE 3RD A FT LAUDERDA		MOXON, SALLY 5630 HARDING STREET HOLLYWOOD, FL 33021 US
The above nan		ne purpose of changing its registered office or registered agent, or both,
SIGNATURE:	S. MOXON	05/26/2005
	Electronic Signature of Registered	Agent Date
	ith s. 607.193(2)(b), F.S., the corporation dign Financing Trust Fund Contribution ().	d not receive the prior notice.
OFFICERS AN	ND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	()Delete	Title: PRES () Change (X) Addition Name: BAKER, LYNETTE Address: 29006 TURNBERRY COURT City-St-Zip: GEORGE TOWN, TX 78628 US
Title: Name: Address: City-St-Zip:	() Delete	Title: VP () Change (X) Addition Name: MOXON, SALLY Address: 5630 HARDING STREET City-St-Zip: HOLLYWOOD, FL 33021 US
Title: Name: Address: City-St-Zip:	()Delete	Title: SEC () Change (X) Addition Name: FERRELL, JOSEPH Address: 2195 PENN DRIVE City-St-Zip: DELAND, FL 32724 US
Title: Name: Address: City-St-Zip:	()Delete	Title: TREA () Change (X) Addition Name: FERRELL, JOSEPH Address: 2195 PENN DRIVE City-St-Zip: DELAND, FL 32724 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY MOXON VΡ 05/26/2005