FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000106852

ENTERPRISE RESTORE, INC.



FILED

05 JAN 27 AM 9: 56

SECRETARY OF STATE TALLAHASSI ELTLUMBA

DO NOT WRIT	EIN THIS SI	PACE	1770-2			
2. Principal Place of Business 196 CORDOBA CIRCLE Suite, Apt. #, etc.	3. Mailing Address 196 CORDOB Suite, Apt. #, etc.	A CIRCLE RE	INSTATENCENT THIS SPACE OU-O	5		
City & State ROYAL PALM BEACH. FL	City & State ROYAL PALM	BEACH, FL	4. FEI Number Applied For 2 0 - 0 2 6 1 4 5 1 Not Applicable			
33411 Country USA	Zip 33411	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required			
PO NOT V	TO THE TENED AND THE PARTY OF THE PARTY.	Name MICHAEL Street Address (7. Name and Address of Current Registered Agent JHUGGINS P.O. Box Number is Not Acceptable) DOBA CIRGIE 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		CITY AT D	02/04/0501013006 **300.00 ALM BEACH. FL 70000011			
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 Styndard, project or perhaps by an ard the office of the purpose of purpose agent of the purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Styndard, project or perhaps by a purpose of purpose of purpose agent of the purpose agent of the purpose of pu						
January II: May II Fee Is: \$150000 Jiff Atten May II Fee Is 5550009 Jiff Amended UBR II (\$6125) Make Check Fayable to Fiorida Department		S.	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
INTLE PSD: 1 CONTROL OFFICERS AND CONTROL OFFICERS	INS RCLE	TILLE STATE OF THE	1 01/04/05 - 01013 - 005 - 360,000	CR2E034B (12/02)		
ITLE NAME ISRAEL S HUGGI STREET ADDRESS CITY-S1-ZIP ROYAL PALM BEA		DUE NAME		CRZE(
NAME STREET ADDRESS CITY-ST-ZIP	na and an a sample and a sample a	DAME COMMENTS OF THE STATE OF T	DO NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-51-21P		TILE AND SERVICE OF THE PROPERTY OF THE PROPER				
TITLE HAME STREET AUNIESS CITY-ST-ZIP		TUDE A MAME STREET ADDRESS TOLY ST. 2P C. 10				
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 come appears to Block 10 or on so						

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Muchael Durgo MICHAEL I HUGG	INS - PREST	DENT 1/21/05
SIGNATURE AND TYPED OF PRINTED NAME OF GOINING OFFICER OR DIRECTOR	Oate	Caylina Picne #

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ENTERPRISE RESTORE, INC.

196 CORDOBA CIRCLE

ROYAL PALM BEACH, FL 33411 (561) 792-4509

January 20, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Doc # P03000106852

To Whom It May Concern:

Enclosed please find a completed UBR Form and a check for \$300.00 to cover the annual fee for 2004 and 2005. We never received the renewal form and we were not aware that this form has to be renewed annually.

We found out that our corporation had been dissolved, when our accountant made us aware of this information. Please accept this letter in good faith.

I sincerely hope that you would take this into consideration and reinstate our company.

Thank you.

Sincerely,

Michael J. Huggins

President