
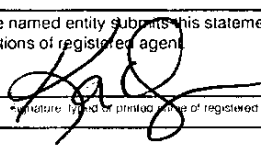
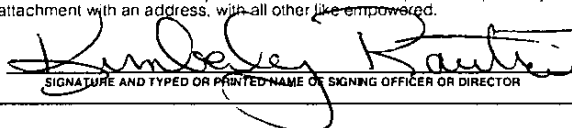


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000151007 1. Entity Name RAUTIO ENTERPRISES, INC.					
Principal Place of Business 2825 N. WHEATON POINT HERNANDO, FL 34442			Mailing Address 2825 N. WHEATON POINT HERNANDO, FL 34442		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 510493128	
6. Name and Address of Current Registered Agent RAUTIO, KIMBERLY 2825 N. WHEATON POINT HERNANDO, FL 34442				7. Name and Address of New Registered Agent Name Karen O. Gaffney, Esquire Street Address (P.O. Box Number is Not Acceptable) Karen O. Gaffney, P.A. 221 W. Main Street, Suite D City Inverness	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE: 				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
(NOTE: Registered Agent signature required when reinstating)				DATE: 5/26/05	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RAUTIO, KIMBLERY			NAME 500055545765		
STREET ADDRESS 2825 N. WHEATON POINT			STREET ADDRESS 06/01/05--01006--005 **300.00		
CITY-ST-ZIP HERNANDO, FL 34442			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					

FILED

05 JUN 14 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102005 (1) REIN-R (CR2E098 (6/04) 04-05