


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 20 AM 9: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000004115 1. Entity Name SANDRA BURNET'S POWER WASH INC.	
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Principal Place of Business 526 BOXWOOD LN ENGLEWOOD ISLES, FL 34223	Mailing Address 526 BOXWOOD LN ENGLEWOOD ISLES, FL 34223
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2. Principal Place of Business 40 BEACH COMBER LN. Suite, Apt. #, etc. Apt. #1 City & State Englewood, FL Zip 34223 Country US	3. Mailing Address 40 Beach Comber Ln Suite, Apt. #, etc. Apt. #1 City & State Englewood, FL Zip 34223 Country US	12102004 REIN-P CR2E098 (6/04) 4. FEI Number 81-0639082 Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BURNET, SANDRA L 526 BOXWOOD LN ENGLEWOOD ISLES, FL 34223
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7. Name and Address of New Registered Agent Name SANDRA L. Burnet Street Address (P.O. Box Number is Not Acceptable) 40 Beach Comber Ln City ENGLEWOOD FL Zip Code 34223
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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: *Sandra L. Burnet* SANDRA L. BURNET 12-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNET, SANDRA L 526 BOXWOOD LN ENGLEWOOD ISLES, FL 34223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURNET, SANDRA L 40 Beach Comber Ln Englewood, FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURNET, SANDRA L 40 Beach Comber Ln. Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043537850 12/20/04--01069--025 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Sandra L. Burnet* 12-15-04 941-223-2337
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #