2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000009644

Address: City-St-Zip:

MIAMI, FL 33162

FILED Jan 09, 2008 Secretary of State

Entity Name: CHRIS PRODUCTS ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2419 SW BAYSHORE BLVD PORT ST LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 2419 SW BAYSHORE BLVD 2419 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984 PORT ST LUCIE, FL 34984 FEI Number: 77-0624269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LADOUCEUR, JEAN-ROBERT 2419 SW BAY SHORE BLVD PORT ST. LUCIE, FL 34984 US 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. SIGNATURE: JEAN-ROBERT LADOUCEUR Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete () Change () Addition LADOUCEUR, JEAN-ROBERT Name: Name: 2419 SW BAY SHORE BLVD Address: Address: City-St-Zip: PORT ST.LUCIE, FL 34984 City-St-Zip: Title: Title: () Change () Addition () Delete LADOUCEUR, CRICILIA Name: Name: 2419 SW BAYSHORE BLVD Address: Address: PSL, FL 34984 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LADOUCEUR, JENNIFER Name: Name: 271 NE 164 TERR Address:

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.

City-St-Zip:

SIGNATURE: JEAN-ROBERT LADOUCEUR **OFFI** 01/09/2008