

2005 FOR PROFIT CORPORATION REINSTATEMENT

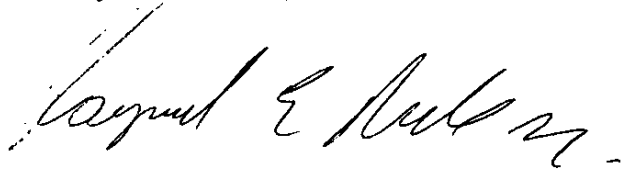
DOCUMENT # P04000043451 1. Entity Name DIDANOSTIS PC REPAIR INC.			
Principal Place of Business 1500 N CONGRESS AVE A-218 WESTPALM BEACH, FL 33401 US		Mailing Address 1500 N CONGRESS AVE A-218 WESTPALM BEACH, FL 33401 US	
2. Principal Place of Business 202 SW 9th Court Suite, Apt. #, etc.		3. Mailing Address 202 SW 9th Court Suite, Apt. #, etc.	
City & State Delray Beach FL 33444		City & State Delray Beach FL	
Zip 33444		Country Palm Beach	
4. Name and Address of Current Registered Agent THOMPSON, SHAMREAN S 1500 N CONGRES AVE APT 218 WESTPALM BEACH, FL 33440-1		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required (2)	
6. Name and Address of Current Registered Agent THOMPSON, SHAMREAN S 1500 N CONGRES AVE APT 218 WESTPALM BEACH, FL 33440-1		7. Name and Address of New Registered Agent Name <u>Raymond E Rolle Jr.</u> Street Address (P.O. Box Number is Not Acceptable) 202 SW 9th Court City <u>Delray Beach</u> <u>FL</u> Zip Code <u>33444</u>	
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: <u>Raymond E Rolle Jr.</u> DATE: <u>9/30/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00		05	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, SHAMREAN S 1500 N CONGRESS AVE WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700060499547 10/11/05--01065--001 ***567.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROLLE, RAYMOND E JR. 202 SW 9TH COURT DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Raymond E Rolle Jr. 202 SW 9th Ct Delray Beach FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>Raymond E Rolle Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>9/30/05</u> Daytime Phone #: <u>330-0840</u>	

To Whom It May Concern:

I Raymond Rolle have not receive the rejection letter that was sent back on july 11th Of 2005 and also it was sent to the wrong address the new address is 202 sw 9th court delray beach fl,33444

Sincerely

Raymond Rolle Jr,

A handwritten signature in cursive script, appearing to read "Raymond E. Rolle Jr.", written in dark ink.