


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000054532		
1. Entity Name PETE EWER INC.		

FILED
05 DEC 20 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 50 NEEDLE BOULEVARD #21 MERRITT ISLAND, FL 32953	Mailing Address 50 NEEDLE BOULEVARD #21 MERRITT ISLAND, FL 32953
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2. Principal Place of Business 105 Palmetto Ave Suite, Apt. #, etc. # 9A City & State Merritt Island FL Zip 32953 Country Brevard	3. Mailing Address 105 Palmetto AV Suite, Apt. #, etc. #9A Merritt Island City & State Florida Zip 32953 Country Brevard
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11012005 REIN-P CR2E098 (6/04)

4. FEI Number 65-1222964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EWER, PETER 50 NEEDLE BOULEVARD #21 MERRITT ISLAND, FL 32953	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 Palmetto Ave Ap 9A Merritt Island City FL Zip Code 32953	

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 Pete Ewer DATE 12-13-05

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, 2006, Fee will be \$300.00	<u>Pete Ewer</u>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWER, PETE 50 NEEDLE BOULEVARD #21 MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pete Ewer</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>105 Palmetto Ave Merritt Island FL 32953</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700062291277</u> <u>12/20/05--01035--002 **160.00</u>
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

REINSTATEMENT

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: Pete Ewer DATE 12-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR