


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000056521		
1. Entity Name CHEMTHRUST, INC.		

Principal Place of Business 500 NW 141ST AVENUE #109 PEMBROKE PINES, FL 33026	Mailing Address 500 NW 141ST AVENUE #109 PEMBROKE PINES, FL 33026
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2. Principal Place of Business 731 Shot Gun Rd Suite, Apt. #, etc.	3. Mailing Address 731 Shot Gun Rd Suite, Apt. #, etc.
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City & State Sun Rise FL	City & State Sun Rise FL
Zip 33326	Zip 33326
Country	Country

11102005 REIN-P CR2E098 (6/04)

4. FEI Number 510512510	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIVERO, OLIVER 500 NW 141ST AVENUE #109 PEMBROKE PINES, FL 33026	
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7. Name and Address of New Registered Agent Name Gordon HARGRAVE JAMES PA Street Address (P.O. Box Number is Not Acceptable) 500 East Broward Blvd. City FT. LAUDERDALE FL Zip Code 33324	
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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 <u>Oliver Vivero</u> DATE <u>11/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	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	P VIVERO, OLIVER 500 NW 141ST AVENUE #109 PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIVERO, OLIVER 731 Shot Gun Rd Sun Rise, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH, HEATHER 500 NW 141ST AVENUE #109 PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH HEATHER 731 Shot Gun Rd Sun Rise, FL 33326 <input type="checkbox"/> Change <input checked="" 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
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.	
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SIGNATURE: <u>Oliver Vivero</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>11/10/05</u> Daytime Phone # <u>954 217-8780</u>
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FILED
05 NOV 14 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

