2005 FOR PROFIT CORPORATION REINSTATEMENT

Principal Place of Business 5384 RINSS GATE CR 6384	1. Entity Nam	MENT # P04000057 PRESS INC. IN FLORIDA	759					FILED		
Assertions of Business Sutto, Apt. #, etc. Sutto,			• / -				05 (OCT 14 PM !	5: 58	
Suits, Apr. F. etc. State	6384 KINGS	GATE CIR	6384 KINGS GATE CIR	6384 KINGS GATE CIR		AN .				
Coy & State City & State A FE Hundridge SB-75 Additional For None and Address of Current Registered Agent 7. Name and Address of Mer Registered Agent 7. Name and Address of Mer Registered Agent 7. Name and Address of Current Re	2. Principal P	ace of Business	3. Mailing Address							
Applied For	Suite, Apt.	#. etc.	Suite, Apt. #, etc.		<u></u>	REI	USTATI	10P2E098 (6/0	2005 -	
S. Name and Address of Current Registered Agent S. Name and Address of Surus Desired S. Name S. Nam	City & State	9	City & State				-	q H		
SIGNATURE: Name Debte D	Zip	Country	Zip	Country			<u> </u>	□ \$8.75	Additional	
GLASSBERG, ROY 123 ANV 1371 ST STE 312 BOCA RATON, FL 33432 6. The above named writhy sughts this statement for the Outpools of changing its registered cilica or registered agent, of both, in the State of Profice. I can familiar with, and accept the obligations agent. FILE NOWIII FEE 19 \$190.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. \$07,193(2)(b), F.S., the composition of the com			Registered Agent		7	7. Name and	d Address of New F			
BOCA RATON, FL 33432 State	GLASSBERG, ROY				Edward Bogan					
B. The above named pintly suchnits this statement for thy furpose of changing its registered office or registered agent, of both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Comment				-	6384	+ K.	voas (Forte Ci	CCLE	
SIGNATURE: Change Addition	6 The share			İ	DEIK	ay	Beach	FL ZPC	3484	
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E DOGAN, EOWARD III.E BOGAN, EOWA	the obligati	named entry sugnits this statement for ions of registered agent.	//	registered of	lice or registered	agent, of bo	oth, in the State of Fl	orida. I am familiar wi	th, and accept	
After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE BOGAN, EDWARD MAKE STREET ADDRESS 10/14/0501054016 **150, D0 ITILE Change Addition ITILE MAKE STREET ADDRESS 10/14/0501054016 **150, D0 ITILE MAKE Change Addition ITILE MAKE STREET ADDRESS CITY-S1-2P Change Addition ITILE MAKE STREET ADDRESS CITY-S1-2P Change Addition ITILE MAKE STREET ADDRESS CITY-S1-2P TITLE Change Addition ITILE MAKE STREET ADDRESS CITY-S1-2P Change Addition ITILE Change Addition ITILE Change Addition ITILE Change Addition ITILE Change Change Change Addition ITILE Change Change Addition ITILE Change Change Change Addition ITILE Change Change Change Addition ITILE Change Change Change Change Addition ITILE Change Cha	SIGNATURE_	Signeture, typed or brinted name of registered ligent a	<u> </u>	E: Registered Age	ont signature required v	when reinstating	0	DATE		
ITTLE HAWE BOGAN, EDWARD BOSAN, EDWARD BOSAN			0							
BOGAN, EDWARD SIREE ADDRESS SIREE ADDRESS SIREE ADDRESS CITY-ST-2P ITILE MAKE SIREE				11.	·	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11	
ITILE INAME STREET ADDRESS CITY-ST-2P ITILE INAME INA	name Street address	BOGAN, EDWARD 6384 KINGS GATE CIR		NAME Street add	· I	81 10/1	00050 1 4/0501054	527 253 1016 **1	F Addition	
INME STRET ADDRESS CITY-ST-2P ITTLE MAME STRET		DELRAY BEACH, FL 334842429			iP			Chann	e [] åddition	
NAME STREET ADDRESS CITY-ST-ZIP Delete	STREET ADDRESS		2 5000	NAME STREET ADO				_ 0.09	, , , , , , , , , , , , , , , , , , ,	
CITY-SI-ZIP CITY-	VALVE		☐ Delete					☐ Chang	e Addition	
MAME STREET ADDRESS STRY-ST-ZIP TILE MAME MAME STREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE MAME STREET ADDRESS CITY-ST-ZIP TO belete STREET ADDRESS					;			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: Way Down	name Street adoress		☐ Delete	NAME Street add				☐ Chang	e 🔲 Addition	
ITILE WAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: Way Down	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	DRESS			☐ Chang	e 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: O II O Florida Statutes Flori	ITTLE HAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	DRESS			Chang	e Addition	
BIGHATURE AND TYPED OR PRINTED MARE OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF	12. I hereby of indicated of the corr changed,	or on an attachment with an address, w	wered to execute this report with all other like empowered.	r the exemption signature to as required by	on stated in Sectionshall have the san	lorida Statut	es; and that my nam /	e appears in Block 10	or Block 11 if	