
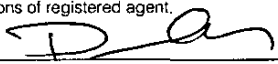



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000076683</b> 1. Entity Name COMPUTER TROUBLESHOOTERS 0512 INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>REINSTATEMENT</b> 05 DEC 29 PM 4:46 05	
Principal Place of Business 17066 NW 15TH STREET PEMBROKE PINES, FL 33028				Mailing Address 17066 NW 15TH STREET PEMBROKE PINES, FL 33028			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  JENKINS, TIVA 17066 NW 15TH STREET PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 20-1159259			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE 				DATE 12/27/05			
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.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PRES NAME JENKINS, TIVA STREET ADDRESS 17066 NW 15TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028				TITLE Pres NAME David Huber STREET ADDRESS 17066 NW 15th St. CITY-ST-ZIP Pembroke Pines, FL 33028			
TITLE VP NAME HUBER, DAVID STREET ADDRESS 17066 NW 15TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SEC NAME JENKINS, TIVA STREET ADDRESS 17066 NW 15TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028				TITLE SCC NAME David Huber			
TITLE TREA NAME JENKINS, TIVA STREET ADDRESS 17066 NW 15TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028				TITLE Trea NAME David Huber			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 				DATE 12/23/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-319-4371			