

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000088890 1. Entity Name MULTI-BRAID, INC.						FILED 05 OCT 14 PM 2:49 TALLAHASSEE, FLORIDA	
Principal Place of Business 23 WINDING WOODS TRAIL ORMOND BEACH, FL 32174				Mailing Address 23 WINDING WOODS TRAIL ORMOND BEACH, FL 32174			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TRAPP, HANS HERBERT 23 WINDING WOODS TRAIL ORMOND BEACH, FL 32174				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 59-3500596			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE <i>Hans Herbert Trapp</i> <small>Signature, typed or printed name of registered agent and use if applicable</small>				DATE 10/11/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PVST TRAPP, HANS HERBERT 23 WINDING WOODS TRAIL ORMOND BEACH, FL 32174				200060622592 10/14/05--01047--005 **750.00			
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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: <i>Hans Herbert Trapp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10/11/05 <small>Daytime Phone</small>			