


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000102478 1. Entity Name PHILIP J. SALTER, INC.	
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FILED
06 APR -5 AM 8:19
TALLAHASSEE, FLORIDA

Principal Place of Business 4362 RAYFIELD DRIVE SARASOTA, FL 34243	Mailing Address 4362 RAYFIELD DRIVE SARASOTA, FL 34243
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2. Principal Place of Business 3725 71ST Terrace E Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03102006 REIN-P CR2E098 (11/05) 05-06

City & State Sarasota FL	City & State
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4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 34243	Country Manatee	Zip	Country
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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 SALTER, PHILIP J 4362 RAYFIELD DRIVE SARASOTA, FL 34243	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	PS SALTER, PHILIP J 4362 RAYFIELD DRIVE SARASOTA, FL 34243	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300070803663 04/18/06--01038--022 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Salter Philip J 3725 71ST Terrace E Sarasota FL 34243	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Philip J Salter Philip J Salter 3/25/06 9413212791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #