


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

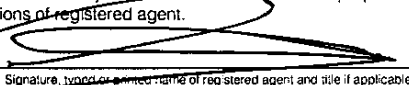
DOCUMENT # P04000145677		
1. Entity Name ONSHORE ENTERPRISES, INC.		

Principal Place of Business 2473 SE DIXIE HIGHWAY STUART, FL 34997 US	Mailing Address 1066 SE ST. LUCIE BLVD. STUART, FL 34996
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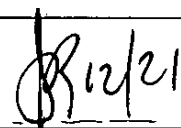
2. Principal Place of Business 1066 SE ST LUCIE BLVD	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

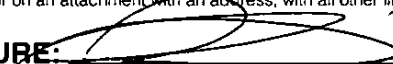
City & State STUART FL	City & State
Zip 34996	Country US

6. Name and Address of Current Registered Agent AAA PERFECT BOOKKEEPING CO, INC. 40 SE OSCEOLA STREET STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 12-13-05

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	(NOTE: Registered Agent signature required when reinstating)
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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 KOLINOSKI, JOE 1066 SE ST. LUCIE BLVD. STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900062298029 12/21/05--01005--007 ***750.00
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
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.	
SIGNATURE 	DATE 11-27-05 (712) 881-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED  
05 DEC 21 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11102005 REIN-P CR2E098 (6/04)

4. FEI Number 34-2020952	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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