

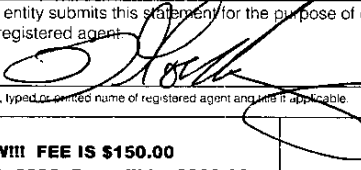
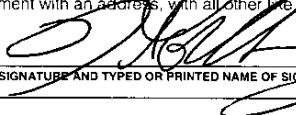


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000147043</b> 1. Entity Name SPACE DESIGNS SYSTEMS INC.						FILED 05 OCT 11 AM 9:57 CLERK OF DISTRICT COURT 11th JUDICIAL CIRCUIT MIAMI, FLORIDA	
Principal Place of Business 7896 WILES RD CORAL SPRINGS, FL 33067				Mailing Address 7896 WILES RD CORAL SPRINGS, FL 33067			
2. Principal Place of Business 8871 Wiles Rd. #107 Suite, Apt. #, etc. Coral Springs			3. Mailing Address Suite, Apt. #, etc.			 <b>REINSTATEMENT</b> 2005 REINSTATEMENT FEE \$150.00 (6/04)	
City & State FL. 33067			City & State			4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
Zip 33067		Country USA		Zip		Country	
6. Name and Address of Current Registered Agent GOLDBERG, TERRY 7896 WILES RD CORAL SPRINGS, FL 33067				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8871 Wiles Rd. #107 City Coral Springs FL Zip Code 33067			
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  <small>Signature, typed or printed name of registered agent and fee if applicable</small>				DATE 10/6/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				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 P <input type="checkbox"/> Delete NAME GOLDBERG, TERRY STREET ADDRESS 7896 WILES RD CITY-ST-ZIP CORAL SPRINGS, FL 33067				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME same STREET ADDRESS 8871 Wiles Rd., #107 CITY-ST-ZIP Coral Springs, FL. 33067			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 700060490467 CITY-ST-ZIP 10/11/05--01045--016 **150.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 fee empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10/6/05 <small>Date Daytime Phone #</small>			

B. Mitchell OCT 13 2005