2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000151232

City-St-Zip: NEW PORT RICHEY, FL 34655

Entity Name: BOB ORSINO, INC.

FILED Feb 27, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|--|------------------------------------|--|--|
| 3455 MONTE RIO ST NEW PORT RICHEY | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 3455 MONTE RIO ST NEW PORT RICHEY | | | | |
| FEI Number: 56-2487982 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address | of Current Registered Agent: | Name and Address o | and Address of New Registered Agent: | |
| ORSINO, ROBERT 3455 MONTE RIO ST NEW PORT RICHEY | | | | |
| The above named en in the State of Florida | | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: ORSI | NO ROBERT | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| | 7.193(2)(b), F.S., the corporation did n neing Trust Fund Contribution(). | ot receive the prior notice. | | |
| OFFICERS AND DIF | RECTORS: | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: D Name: ORSINO, F Address: 3455 MON | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORSINO ROBERT OWN 02/27/2006