


2006 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P04000165591 1. Entity Name GYROTONIC SALES CORP.	
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Principal Place of Business 2457 COLLINS AVE NO 304 MIAMI BEACH, FL 33140	Mailing Address 2457 COLLINS AVE NO 304 MIAMI BEACH, FL 33140
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED
 2006 DEC 14 AM 9:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



10162006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent ZACK, ELLIOTT N 1031 N MIAMI BEACH BLVD N MIAMI BEACH, FL 33162	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: *[Signature]* DATE: 11/29/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	D HORVATH, JULIU 2457 COLLINS AVE NO 304 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082542110 12/14/06--01026--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVERSA, MATT 134 LINGMAN CT DINGMANS FERRY, PA 18328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- --- ---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 12/15/06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- --- ---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- --- ---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- --- ---	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 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: *[Signature]* DATE: December 12-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #