


# 2007 FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000007238</b> 1. Entity Name <b>BYRKIT ENGINEERING RESOURCES, INC.</b>	
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FILED


07 FEB -5 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9684 134TH WAY SEMINOLE, FL 33776 US	Mailing Address 9684 134TH WAY SEMINOLE, FL 33776 US
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2. Principal Place of Business 13862 Kimberly Dr. Suite, Apt. #, etc.	3. Mailing Address 13862 Kimberly Dr. Suite, Apt. #, etc.
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City & State Largo, FL Zip 33774 Country US	City & State Largo, FL Zip 33774 Country US
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01092007 REIN-P CR2E088 (11/05) 06-07

## REINSTATEMENT

Applied For  
20-2156763 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BYRKIT, STEVEN G 9684 134TH WAY SEMINOLE, FL 33776	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13862 Kimberly Dr. City Largo FL Zip Code 33774
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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: *Steven G Byrkit* x 1/30/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	D/P BYRKIT, STEVEN G 9684 134TH WAY SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Byrkit, Steven G 13862 Kimberly Dr. Largo, FL 33774 <input checked="" 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	600087607326 02/07/07--01053--016 **300.00 <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 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: *Steven G Byrkit* x 1/30/07 x 727-366-9002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #