


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -5 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000080094		
1. Entity Name VERO WINDOW TINTING SPECIALIST, INC		

Principal Place of Business PO BOX 682 VERO BEACH, FL 32961-0682 US	Mailing Address PO BOX 682 VERO BEACH, FL 32961-0682 US
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2. Principal Place of Business 1206 5TH PLACE Suite, Apt. #, etc.	3. Mailing Address PO BOX 2319 Suite, Apt. #, etc.
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City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32962	Zip 32961-2319
Country US	Country US

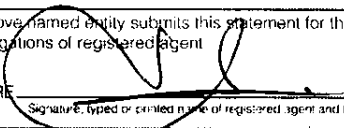


09262006 REIN-P CR2E098 (11/05)

4. FEI Number 59-3606394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent GOFF, JAMES T 1940 10TH AVE STE C VERO BEACH, FL 32960	
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7. Name and Address of New Registered Agent Name ALFONSO FULCHINI Street Address (P.O. Box Number is Not Acceptable) 1206 5TH PLACE City VERO BEACH FL Zip Code 32962	
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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 9-28-06

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 GOFF, JAMES T 1940 10TH AVE STE C VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080259395 09/28/06--01028--024 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULCHINI, ALFONSO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1206 5TH PLACE VERO BEACH, FL 32962
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 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: 	DATE 9/28/06

xc 10/9