


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000148432		
1. Entity Name AGECOM PURCHASING COMPANY		

FILED
08 DEC 12 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2862 SW 127TH AVE MIRAMAR, FL 33027	Mailing Address 2862 SW 127TH AVE MIRAMAR, FL 33027
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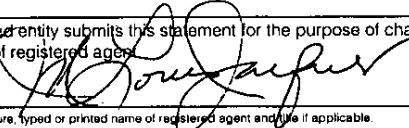
2. Principal Place of Business - No P.O. Box # 409 W Hallandale Beach Blvd.	3. Mailing Address 409 W Hallandale Beach Blvd.
Suite, Apt. #, etc. Ste 217	Suite, Apt. #, etc. Ste 217
City & State Hallandale Beach, FL	City & State Hallandale Beach, FL
Zip 33009	Zip 33009
Country	Country



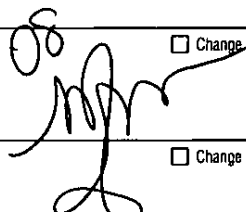
12032008	REIN-P	CR2E098 (1/07)
4. FEI Number 20-5966934		Applied For Not Applicable

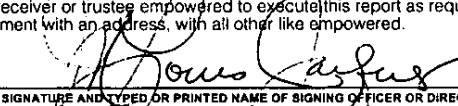
6. Name and Address of Current Registered Agent LOUIS-JACQUES, MARTINE 2862 SW 127TH AVE MIRAMAR, FL 33027	
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7. Name and Address of New Registered Agent Name: Louis-Jacques, Martine Street Address (P.O. Box Number is Not Acceptable) 409 W Hallandale Beach Blvd Ste 217 City: Hallandale Beach FL Zip Code: 33009	
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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: _____
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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	DP LOUIS-JACQUES, MARTINE 2862 SW 127TH AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Louis-Jacques, Martine 409 W Hallandale Beach Blvd Ste 217 Hallandale Beach, FL 33009 <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	600138988086 12/12/08--01040--013 **150.00 <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	REINSTATEMENT <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: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	