

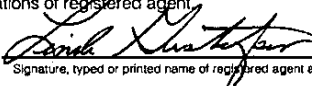
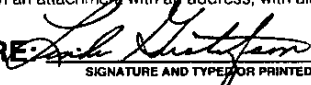


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P13843 1. Entity Name GUSTAFSON CHIPPING COMPANY, INC.						FILED 05 OCT 13 PM 4:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT 2005	
Principal Place of Business 4170 MERCY INDUSTRIAL CT. ORLANDO, FL 32808 US				Mailing Address 4170 MERCY INDUSTRIAL CT. ORLANDO, FL 32808 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 25-1383469 Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent EVANS, DAVID L. 100 EAST ROBINSON STREET ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name GUSTAFSON, LINDA A. Street Address (P.O. Box Number is Not Acceptable) 11620 LAKE WILLIS DR. City ORLANDO FL Zip Code 32808			
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 				LINDA GUSTAFSON, VSD		10/07/05	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUSTAFSON, CHARLES W. 11620 LK WILLIS DR. ORLANDO, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 200060455362 10/10/05--01068--008 **750.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GUSTAFSON, LINDA A. 11620 LK WILLIS DR. ORLANDO, FL <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		
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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 exemption stated in Section 119.07(3)(i), 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 				LINDA GUSTAFSON, VSD		10/07/05 407 298-3065	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	