

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000016865 1. Entity Name E & Z LIMITED, INC.						FILED 05 OCT 17 PM 4:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 4240 GALT OCEAN DR FORT LAUDERDALE, FL 33308				Mailing Address 4240 GALT OCEAN DR FORT LAUDERDALE, FL 33308																											
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
4. FEI Number 65-0471423				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 METROULAS, THOMAS A 4240 GALT OCEAN DR #1802 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name BARBARA METROULAS Street Address (P.O. Box Number is Not Acceptable) 4240 GALT OCEAN DR - #1802 City FT LAUDERDALE FL Zip Code 33308																											
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 <u><i>Barbara Metroulas</i></u> 10-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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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: *Barbara Metroulas* 10-12-05 954-563-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #