

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052005 REIN-P CR2E098 (6/04)

DOCUMENT # P97000010493

1. Entity Name
C.G. CARTRONICS, INC.



| | |
|---|---|
| Principal Place of Business 4245 US 19 NEW PORT RICHEY, FL 34652 US | Mailing Address 4245 US 19 NEW PORT RICHEY, FL 34652 US |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|---|
| 4. FEI Number 59-3426765 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent GREEN, CLIFFORD A 3524 ANNIVERSARY CT NEW PORT RICHEY, FL 34653 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 *Clifford A Green* **Clifford A GREEN President** 10/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|--|--|
| 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 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GREEN, CLIFFORD A 3524 ANNIVERSARY CT NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900060455139 10/10/05--01067--017 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GREEN, PAULA M 3524 ANNIVERSARY CT NEW PORT RICHEY, FL 34653 <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: *Clifford A Green* **10/4/05 727 6888863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/12aw