2005 FOR PROFIT CORPORATION REINSTATEMENT

REINS (A I EMEN)										
DOCUMENT # P97000010493 1. Entity Name C.G. CARTRONICS, INC.							FULED			
0.0.0						2005 OCT 10 PM 12: 30				
Principal Place of Business Mailing Address							CECRETA	RY OF STATE		
4245 US 19 New Port Richey, Fl. 34652 US			4245 US 19 New Port Richey, FL 34652 US			SECRETARY OF STATE TALLAHASSEE.FLORIDA				
l										
2. Principal Place of Business			3. Mailing Address						III III	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10052005	REIN-P	CR2E098 (6/04)	nlind for	
City & State			City & State			4. FEI Number Applied For Not Applicable				
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered Agent		
COEEN C	LICEADO				Name					
GREEN, C 3524 ANNI NEW POR	VERSAR		Street Address (P.O. Box Number is Not Acceptable)				
					City	FL Zip Code				
6 The shave	namad anti	he submits this statement f	or the purpose of changing its	register	art office or regists	ered egent or hot	h in the State of Flo	1	and accept	
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 MAT CLIFFORD A GREEN PRESIDENT 10/4/05										
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent algorithms required when reinstating)										
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									F.S., the notice.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	P Delete III				1	900	10604! 501067-		Addition	
NAME		CLIFFORD A NIVERSARY CT	NAA	AE EET ADORESS	10/10/0	0501067-	-U17* **158.	75		
STREET ADDRESS CITY-ST-ZIP	1 :	RT RICHEY, FL 34653	3		r-ST-ZIP					
TITLE	VP		Delete	m	E			☐ Change	Addition	
NAME		PAULA M	NAM		AE					
STREET ADDRESS	3524 AN	NIVERSARY CT	1		EET AODRESS					
CITY-ST-ZIP	NEW PO	RT RICHEY, FL 3465			Y-ST-ZIP				- Addition	
TITLE			☐ Delete	TITI	· .			Change	Addition	
NAME STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				СІТ	Y-ST-ZIP			<u> </u>		
TITLE			☐ Detete	TITI	LE			☐ Change	☐ Addition	
NAME				NAJ					ļ	
STREET ADDRESS					REET ADORESS Y-ST-ZIP					
CITY-ST-ZIP	<u> </u>			TET				Change	Addition	
NAME			☐ Delete	NA.	[_	
STREET ADDRESS				STI	REET ADORESS					
CITY-ST-ZIP				CFI	Y-ST-ZIP					
TITLE			☐ Delete	m				Change	Addition	
NAME					ME Reet address					
STREET ADDRESS	1				Y-ST-ZIP					
CITY-ST-ZIP		he information cumplied us	ith this filing does not qualify to		l	Section 119.07(3)	(i), Florida Statutes	. I further certify that the	information	
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: 10/4/05 727 6888863										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Date Date										

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