


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000045219		
1. Entity Name MAAG CORPORATION		

FILED

05 MAR 16 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252005 REIN-P CR2E098 (6/04)

Principal Place of Business 4916 SW 11TH AVE. CAPE CORAL, FL 33914 US	Mailing Address 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1318 Lafayette Street Suite, Apt. #, etc.
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City & State Cape Coral, Florida	4. FEI Number 65-0761561	Applied For <input type="checkbox"/> Not Applicable
Zip 33904	Country Lee	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PKWY SUITE C CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette Street City Cape Coral FL Zip Code 33904
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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 *Thomas W. Hill* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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	D MAAG, RENATE AM KOHLBERG D-58644 ISERLOHN GERMANY, <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	S Thomas W. Hill 1318 Lafayette Street Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" 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	000048982270 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/23/05--01008--018 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	153/21 <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 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: *Renate Maag* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____