2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							MY 80	ساية			
DOCU 1. Entity Nam MEGA PI	ne	# P9700053 s, INC.			04 OCT-26:	CETIS /	. 5 <u>с</u> еснтя Поляч	111			
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OLDSMAR, FL 34677 OLDSMAR, FL 34677							SEQUENCES P	进行机	WH	$\Lambda \Box I$	
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Principal Place of Business 3. Mailing Address					7						
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.							7	
28						10192004	REIN-P	CR2E	098 (6/04)		
City & Stat	te		City & State			4. FEI Numbe	er		Ap	plied For	
r.						59-345				t Applicable	
Zip	Zip Country		Zip Countr		ntry				\$8.75 Add		
	,		. 5,500			5. Certificate			Fee Require		
	6. Name	and Address of Current	egistered Agent -			-7:-Name and Address of New Registered Agent					
Name										-	
HAYNES, J. D											
10225 ULI	MERTON	RD., #11-B			Street Address (P.O. Box Number is Not Acceptable)						
LARGO, FL 33771-3538									· · · · · · · · · · · · · · · · · · ·		
					City .	City . FL Zip Code					
									<u> </u>		
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.											
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent alguature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the											
After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice.											
10.		OFFICERS AND	DIDECTORS	- 44							
	D /	OFFICERS AND	,	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND			
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12. I hereby	certify that th	e information supplied with	this filipe does not qualify for			ection 119 07/3V	i) Florida Statutos I	further cor	tifu that the in	formation	
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											
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 distressmore veget or 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 execute the proposed of the corporation of the corpor											
		111/22	~ <i>~\///</i> / /								
SIGNATURE: CEO/Director 10/20/04 813-855-6664											
SIGITAL	~L	SIGNATURE AND TYPED OR	PRINTED NAME SIGNING OFFICER	OR DIREC	TOR		Date	~	sadime Phone #		