


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000108500</b> 1. Entity Name <b>CARLSEN'S TROPHY SHOP, INC.</b>	
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FILED  
08 JUN 24 AM 10: 53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>575 JACKSON AVE. SATELLITE BEACH, FL 32937</b>	Mailing Address <b>575 JACKSON AVE. SATELLITE BEACH, FL 32937</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**REINSTATEMENT** 07-08  
06172008 FEE: \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> <b>CARLSEN, ALFRED C 575 JACKSON AVE. SATELLITE BEACH, FL 32937</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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: *Henry Carlsen* (NOTE: Registered Agent signature required when reinstating) DATE: 6-17-08

**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 CARLSEN, ALFRED C III 575 JACKSON AVE. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	<input type="checkbox"/> Addition <b>VOID</b> 06/23/08--01048--002 \$450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSEN, HENRY M 575 JACKSON AVE. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>\$70/24</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSEN, ALFRED C JR 575 JACKSON AVE. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500131592025 06/23/08--01048--002 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSEN, CAROLYN 575 JACKSON AVE. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Henry Carlsen* Henry CARLSEN DATE: 6-17-08 DAYTIME PHONE: 321 777-2214