2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

OCT 26 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044563

1. Entity Name
SANCTISSIMA, INC.

REINSTATEMENT 04

Principal Place of Business	Mailing Address
7433 ALLYSON STREET PORT RICHEY, FL 34668	~~PO BOX 549~~ 7433 ALLYSON St ~~NEW ORT RICHEY, FL 34656~~ PORT RICHEY, Fl 34668

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

10222004   REIN-P   CR2E098 (6/04)

4. FEI Number   Applied For / Not Applicable
59-3630523

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KHURANA, AJIT 7433 ALLYSON STREET PORT RICHEY, FL 34668	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 _Ajit Khurana_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE _Oct 22, 04_

FILE NOW!!! FEE IS $150.00
After January 1, 2005, 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: **D**	NAME **LALIBERTE, STEPHEN P** STREET ADDRESS **7433 ALLYSON STREET** CITY-ST-ZIP **PORT RICHEY, FL 34668**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: **D**	NAME **KHURANA, AJIT** STREET ADDRESS **7433 ALLYSON STREET** CITY-ST-ZIP **PORT RICHEY, FL 34668**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 300042188033 10/26/04--01060--006 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _Ajit Khurana_   Date _Oct 22, 04_   Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR