2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000056664 It cally terms G. CRABTREE ENTERPRISES, INC. The company of the comp		N	EINS I A	IEMERI			_					
Principal Place of Business 7512 DR. PHILDS BOULEVARD STE 9-312 ORANDO, R. 32819 2. Principal Place of Business 7512 DR. PHILDS BOULEVARD STE 9-312 ORANDO, R. 32819 3. Maining Address SUR. Apr. R. etc. Sur. Apr. Apr. R. etc. Sur. Apr. R. etc. Sur. Apr. R. etc. Sur. Apr. Apr. R. etc. Fig. 2p Code R. The above canned entry suchnia date statement for the purpose of changing its registered of egent, or both, in the Suse of Florida. I am fertiliar etc., and accept the debiguation of ingeletered agent. Sur. Apr. R. etc. Sur. Apr. R. etc. Sur. Apr. R. etc. Sur. Apr. R. etc. Sur. Apr. Apr. R. etc. Sur. App. R. etc. In n. app. R. etc. Sur. App. R. etc. In n. app. R. etc. Sur. App	DOCUMENT # P98000056664											
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E. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Coole City Addition Manual Agent Ag	City & State City & State											
6. Name and Address of Current Registered Agent 7. Name AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134 City City FL Zip Code City City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City Ci	7la Causta			Zin Country						 	- ' /	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134 City FL City FL Zip Code Cit		330.11			5. Certificate	of Status Desired						
AMERILAWYER 303 ALMERIA AVENUE CORAL GABLES, FL 33134 City FL Zip Code 8. The above number endy, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the properties. OPTITE		6. Name and Ad	dress of Current F	Registered Agent		Name	7. Name and	Address of New I	Registered A	gent		
CORAL GABLES, FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: City FL Zip Code City FL Zip Code	AMERILAV	VYER										
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