


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000021411 1. Entity Name PHASE ONE MACHINING, INC.	
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FILED

2008 JAN 16 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13130 91ST NORTH 607 A LARGO, FL 33771	Mailing Address PO BOX 8653 SEMINOLE, FL 33775
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 13130 91 ST Street N. Suite, Apt. #, etc. 607A
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01142008 REIN-P CR2E098 (1/07)

City & State	City & State Largo, FL	4. FEI Number 59-3563673	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
33771		33771	USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAMOS, GARY
8375 RIDGE ROAD
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1480 Sea Gull Drive South

City St. Petersburg FL Zip Code 33707-3835

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: Gary Ramos (NOTE: Registered Agent signature required when reinstating) DATE: 1/14/08

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	
TITLE	P RAMOS, GARY <input type="checkbox"/> Delete
NAME	8375 RIDGE RD
STREET ADDRESS	SEMINOLE, FL 33772
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1480 SEA GULL Drive South
STREET ADDRESS	St Petersburg, FL 33707-3835
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Gary Ramos Date: 1/14/08 Daytime Phone #: 727-981-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR