


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000057869 1. Entity Name PRODUCTIVE CONCEPTS, INC.			
Principal Place of Business 605 ALLENDALE ROAD KEY BISCAINE, FL 33149		Mailing Address 605 ALLENDALE ROAD KEY BISCAINE, FL 33149	
2. Principal Place of Business 1020 MARINER DR Suite, Apt. #, etc.		3. Mailing Address 1020 MARINER DR Suite, Apt. #, etc.	
City & State KEY BISCAINE FL Zip 33149		City & State KEY BISCAINE FL Zip 33149	
Country USA		Country USA	
4. FEI Number 65-0949488		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRATOS, GEORGE 605 ALLENDALE ROAD KEY BISCAINE, FL 33149		7. Name and Address of New Registered Agent Name JHANEY GARCIA Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY #255 City DAVIE FL Zip Code 33328	
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 <u><i>Jhane Garcia</i></u> 3/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 P NAME STRATOS, GEORGE <input type="checkbox"/> Delete STREET ADDRESS 605 ALLENDALE ROAD CITY-ST-ZIP KEY BISCAINE, FL 33149	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME George Stratos STREET ADDRESS 1020 MARINER DR CITY-ST-ZIP KEY BISCAINE, FL 33149		
TITLE <input type="checkbox"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete 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 exemption stated in Section 119.07(3)(l), 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 another like empowered.			
SIGNATURE: <u><i>George Stratos</i></u> GEORGE STRATOS 4-11-05 (305)361-3502 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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