


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED  
04 DEC 28 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # S54343</b> 1. Entity Name <b>CARROLLWOOD INVESTMENTS, INC.</b>					
Principal Place of Business <b>10049 N DALE MABRY HWY TAMPA, FL 33618</b>			Mailing Address <b>13014 N. DALE MABRY HWY SUITE 277 TAMPA, FL 33618</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	12152004 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WARES, BILL</b> <b>40049 N. DALE MABRY HWY</b> <b>TAMPA, FL 33618</b>				Name <b>WARES, BILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4407 CARROLLWOOD VILLAGE DR</b> City <b>TAMPA</b> FL <b>33618</b>	
4407 Carrollwood Village Drive TAMPA, FL 33618				18	
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>Bill Wares</i></u> DATE <u>12/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			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	P <b>MOEHRKE, PETER</b> <b>13014 N. DALE MABRY #277</b> <b>TAMPA, FL 33618</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MOEHRKE, URSULA</b> <b>HIERFORDER STR. 128</b> <b>33609 BIELEFELD GERMANY</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FAERBER, HERMANN</b> <b>FALKENWEG 7B</b> <b>BIELEFELD GERMANY 33739.</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043671044 12/28/04--01029--005 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u>by Peter Moehrke President</u> <u>12/16/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					