2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# P05000101008

Entity Name: AUGUSTA INVESTMENT, INC.

Current Principal Place of Business:

4835 WEST EAU GALLIE BLV.
AC: 45
MELBOURNE, FL 32934

New Principal Place of Business:

3930 SOUTH NOVA RD.
304
PORT ORANGE, FL 32127

Current Mailing Address:

1135 NORTH WICKHAM RD. #67
MELBOURNE, FL 32935

New Mailing Address:

3930 SOUTH NOVA RD.
#304
PORT ORANGE, FL 32127

FEI Number: 22-3915587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SPIEGEL UTRERA

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MORSHED, FARHAD
Address: 1135 NORTH WICKHAM RD. #67
City-St-Zip: MELBOURNE, FL 32935

Title: V ( ) Delete
Name: SALAM, MAMUN M
Address: 1135 NORTH WICKHAM RD. #67
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: MORSHED, FARHAD
Address: 3930 SOUTH NOVA RD. #304
City-St-Zip: PORT ORANGE, FL 32127

Title: V (X) Change ( ) Addition
Name: SALAM, MAMUN M
Address: 3930 SOUTH NOVA RD. #304
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARHAD MORSHED PSTD 10/15/2009

Electronic Signature of Signing Officer or Director — Date