2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUI 1. Entity Nam S & L TILI		3718		FILED 08 MAR 27 AM II: 07
Principal Place P O BOX 161 CRAWFORDVI		Mailing Address P 0 BOX 1612 CRAWFORDVILLE, FL 3	2327	SECRETARY OF STATE TALLAHASSEE, FLORIDA
92 Sam Suite, Apt.		3. Mailing Address Suite, Apt. #, etc.		52E038 (1/07) 7 20 8
Crawf		City & State		Applied Forter Applied Forter Not Applied Forter
Zip 32	327 WAKULLA	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Regulred
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
192 SAM S	RICK, STACY A BMITH CIRCLE RDVILLE, FL 32327		Street Address	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS 9300.00— In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	KIRKPATRICK, STACY A P O BOX 1612 CRAWFORDVILLE, FL 32327	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Make Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TREA STOCKTON, LUKE 192 SAM SMITH CIRCLE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12-11-07 01038 006 \$ 150-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: SIGNATURE: Daytime Prone #				