2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000135041

1. Entity Name
PRIMO II, INC.,

FILED

2007 OCT 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10192007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
1531 SIMMONS DRIVE CLEARWATER, FL 33756	1531 SIMMONS DRIVE CLEARWATER, FL 33756

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5763755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLLIER, JAMES H SR.
55 TENNYSON DRIVE
DSON, FL 34667

7. Name and Address of New Registered Agent

Name TERENCE A. MULLINS

Street Address (P.O. Box Number is Not Acceptable) 4699 Continental Drive
Lot 1

City Holiday FL Zip Code 34690

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 Terence A. Mullins President 10-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BOATENG, PRINCE Y JR. 1531 SIMMONS DRIVE CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100111193761 10/23/07--01016--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MULLINS, TERENCE A 4699 CONTINENTAL DRIVE LOT 1 HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOATENG, ERMA J 1531 SIMMONS DRIVE CLEARWATER, FL 33756	☐ 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
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: 10/19/07 727-443-2208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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