## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P97000055500 06 OCT 18 AM 11: 09 JASÓN STEVEN DALLEY, INC. TALUAHARSEE, FLORIDA Principal Place of Business Mailing Address 100 EAST LINTON BLVD 100 EAST LINTON BLVD **STE 301A** STE 301A DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address CR2E098 (11/05) Suite, Apt. #, etc. Suite, Apt. #, etc. 10092006 REIN-P City & State City & State 4. FEI Number Applied For 65-0767245 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALLEY, JASON STEVEN Street Address (P.O. Box Number is Not Acceptable) 100 EAST LINTON BLVD **STE 301A** DELRAY BEACH, FL 33483 Zip Code FL. 8. The above named entity submits registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE. Signature, typed or printed FILE NOW!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE 4000809576 4 ☐ Addition DALLEY, JASON STEVEN NAME NAME 10/18/06--01034--001 \*\*158.75 STREET ADDRESS 100 EAST LINTON BLVD STE 301A STREET ADDRESS CITY-ST-7(P DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or flustee empowered to not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director uter his 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 n address, with all SIGNATURE: SIGNAT Daytime Phone #