2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2007 SEP 27 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060106

1. Entity Name
THE DRILL DOCTOR, INC.

Principal Place of Business	Mailing Address
550 BILTMORE WAY SUITE 780 CORAL GALBES, FL 33134	550 BILTMORE WAY SUITE 780 CORAL GABLES, FL 33134

09232007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
80 SW 8 ST		80 SW 8 ST	
Suite, Apt. #, etc.: SUITE 3100		Suite, Apt. #, etc.: SUITE 3100	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33130	Country: USA	Zip: 33130	Country: USA

4. FEI Number: 65-0785442 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOCKMAN, PETER M
550 BILTMORE WAY
SUITE 780
CORAL GALBES, FL 33134

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 80 SW 8 ST
SUITE 3100
City: MIAMI FL Zip Code: 33130

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: PETER M. HOCKMAN [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 $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: DP NAME: HOCKMAN, JAN STREET ADDRESS: 550 BILTMORE WAY CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 80 SW 8 ST SUITE 3100 MIAMI FL 33130 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 800110024198 09/27/07--01045--015 **150.00 ☐ Change ☐ Addition
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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: Jan Hockman 9/24/07 305 305 0589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/2 9D