2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 17 PM 12: 49 FOXFIRE REALTY, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 615 E SILVER SPRINGS BLVD 615 E SILVER SPRINGS BLVD PO BOX 1716 PO BOX 1716 OCALA, FL 34478 OCALA, FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1619972 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOONE, EUGENE R JR Street Address (P.O. Box Number is Not Acceptable) 615 E SILVER SPRGS BLVD OCALA, FL 34470 City Zip Code FL 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. Lam familiar with, and accept the obligations of registers SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Addition TITLE ☐ Delete ☐ Change BOONE, EUGENE R JR NAME NAME 615 E SILVER SPRGS BLVD STREET ADDRESS STREET ADDRESS OCALA, FL CITY-S1-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE BOONE, TRUDY C. NAME NAME STREET ADDRESS 615 E SILVER SPRGS BLVD STREET ADDRESS CITY-ST-ZIP OCALA, FL CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change AKIN, VAN H., II NAME NAME STREET ADDRESS 615 E SILVER SPRGS BLVD. STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP OCALA, FL Addition TITLE · Delete -TITLE Change FLYNN, MIKE NAME NAME STREET ADDRESS 615 E. SILVER SPRINGS BLVD STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-SI-ZIP Kirk Boome TITLE TITLE ☐ Addition BOONE, KIM NAME NAME STREET ADDRESS 615 E. SILVER SPRING BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP OCALA, FL 34470 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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. 352 -

E.R. Boode

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: