# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN -2 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856846

1. Entity Name
ROLYN (INVERNESS) INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 818-A-1-A NORTH<br>SUITE 203<br>PONTE VEDRA BEACH, FL 32082 | 245 PEACHTREE CENTER AVE NE<br>SUITE 2800<br>ATLANTA, GA 30303-1227 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

REINSTATEMENT

4. FEI Number: 58-1392456 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROULEAU, ROBERT<br>818 A-1-A NORTH, SUITE 203<br>PONTE VEDRA BEACH, FL 32082 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 $750.00**
**After January 1, 2007, Fee will be $900.00**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PDS ☐ Delete<br>ROULEAU, ROBERT<br>818 A-1-A NORTH STE 203<br>PONTE VEDRA BEACH, FL 32082 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 800083285 1 ☐ Change ☐ Addition<br>12/29/06--01033--004 **750.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | V ☐ Delete<br>ROULEAU, ROBERT T.<br>5500 AV ROYALMOUNT #200<br>MONTREAL QUEBEC CANADA, | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ 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: _____ 12/28/06 904-280-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell JAN 2 2007