سنمدوره

2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						
DOCUMENT # F06000005765 1. Entity Name CREDNOLOGY INC.				FIL (2008 DEC -9		
Principal Plac	e of Rusiness	Mailing Address		1	111 3.07	
,		•		SECRETARY	E 07.55	
101 LANDING LANE EATONTON, GA 31024 P.O. BOX 1410 MILLEDGEVILLE, GA 31059		sn.	SECRETARY O TALLAHASSEE	r STATE		
ENTORION, ON STOZ4 MILLEDGEVILLE, ON STOSS		09	MEENIASSEE,	FLURIDA		
				L LINGTON (III) OORB OHKK OOKI BIJK OO	I) BERR ESIEN BURR ITALA ERIAN BUNDUN JA LEGI	
Principal Place of Business - No P.O. Box # Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10302008 REIN-P	CR2E098 (1/07)	
City & State		City & State		4. FEI Number 01-0802452	Applied For Not Applicable	
Žip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New R		
Name Name						
INCORP SERVICES, INC.			Charles & define	Street Address (P.O. Roy Number is Not Acceptable)		
17888 67TH COURT NORTH			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
LOXAHATCHEE, FL 33470						
			City		□ Zip Code	
ښو		· · · · · · · · · · · · · · · · · · ·	'		FL '	
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 CERVICE BOULE CENTISE BURKE 10/30/08 SIGNATURE CONTINUE NAME OF DEVISION NAME OF DEVISION NAME ADDRESS OF THE ADDRE						
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent algorithms required when reinstating)						
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICEDS AND DIDECTORS IN 11	
TITLE	CHRM	Delete Delete	TITLE		Channa C Addition	
NAME	BURKE, C. ENNISE	□ Detete	NAME	2001376	668682 018 **750.00	
STREET ADDRESS	101 LANDING LANE		STREET ADDRESS	11/05/0801024	018 **750.00	
CITY-ST-ZIP	EATONTON, GA 31024		CITY-ST-ZIP			
TITLE	Р	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	BURKE, C. ENNISE		NAME		<u> </u>	
STREET ADDRESS	101 LANDING LANE		STREET ADDRESS		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP	EATONTON, GA 31024		CITY-ST-ZIP		- FXX	
TITLE	VCHR	☐ Delete	TITLE		√ Den frange	
NAME	BURKE, HUGH		NAME		1	
STREET ADDRESS (CITY-ST-ZIP	101 LANDING LANE EATONTON, GA 31024		STREET ADDRESS CITY-ST-ZIP		1.	
	V				Channe C statistics	
TITLE NAME	BURKE, HUGH	☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS	101 LANDING LANE		STREET ADDRESS			
CITY-ST-ZIP	EATONTON, GA 31024		CITY-ST-ZIP			
TITLE	s	☐ Delete	TITLE	· = * · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	PRICE, DOUG		NAME -	REINSTATI		
STREET ADDRESS	101 LANDING LANE		STREET ADDRESS			
CITY-ST-ZIP	EATONTON, GA 31024		CITY-ST-ZIP	\sim	178	
TITLE		☐ Delete	TITLE		_C' C ☐ Change ☐ Addition	
NAME			NAME	$\boldsymbol{\nu}$		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		Ì	
-1	partify that the information avanded with	this filing does not qualify for the	l l	ed in Chapter 110. Elevida State - 1	further certify that the information	
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.						
	/ J	. // //	71 ^	Burre 10/30/04		