2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F9400001536		SECRETARY OF STATE DIVISION OF CORPORATIONS
1. Entity Name RYANEL II, LTD., INC.		
		05 DEC -7 AM 11: 34
Principal Place of Business Mailing Address	<u> </u>	1
5701 BOATRACE RD 5701 BOATRACE R Panama City, Fl. 32404 US Suite 136	D	
PANAMA CITY, FL	32413 US	
2. Principal Place of Business 3. Mailing Address	101/00 00	
153 GRAND HERON VR. 153 GRAN Sulte, Apt. #, etc. Sulte, Apt. #, etc.	IP HEBON DR.	12032005 REIN-P CR2E098 (6/04)
Gity & State C City & State		4. FEI Number Applied For
YANAMA CITY BEACH FL VANAMA CIT	Y BEACH FL.	36-3836665 Not Applicable
Zip 32407-2402 USA 32407-240	Country Z	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	Name	7. Name and Address of New Registered Agent
NELSON, LORETTA 22500 FRONT BEACH RD.	Street Address	(P.O. Box Number is Not Acceptable)
SUITE 136	100	12212152 10
PANAMA CITY BEACH, FL 32413	155 C	GRAND HERON VR.
The above named entity submits this statement for the purpose of changin	g its registered office or register	A CITY PERCH 32401-2402
the obligations of registered agent.		
SIGNATURE ACALITY ILLIANA	tu Plbm (NOTE: Registered Agent signature requ	12 3 05
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 THE PVST Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME NELSON, LORETTA	TITLE NAME	☑ Change ☐ Addition
STREET ADDRESS 22500 FRONT BEACH RD. CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	STREET ADORESS 1 5	3 GRAND HERON DR. IAMA CITY BEACH FL 32407-2402
TITLE Delete	TITLE	Change Addition
NAME STREET ADDRESS	NAME Street Adoress	
CITY-SI-ZIP	CITY-ST-ZIP	
TILE □ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-SI-ZIP	STREET ADORESS CITY-ST-ZIP	12/07/0501040018 **158.75
πLE □ Delete	πηξ	☐ Change ☐ Addition
NAME STREET ADDRESS	NAME STREET ADORESS	
CTTY-ST-ZIP	CITY-ST-ZIP	
TITLE Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CTY-ST-ZIP	STREET ADDRESS CITY-SI-ZIP	
TITLE □ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	NAME Street Address	
CITY-ST-ZIP	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 of 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 of 160k 11 if		
changed, or on an attachinent with an address, with all other like empowered.		
SIGNATURE JOSETTA NELSON 12/3/05 850235-3254 SIGNATURE AND TYPED OR PRINTED MAME OF BIOLOGY OFFICER OF DIRECTOR Description of Director Description o		
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNOMS OFFICER OR DIRECTOR / Date Oayuma Phone 9		