

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F99000001099

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** MEDALLIST OPERATIONS, INC.

## **Current Principal Place of Business:**

1070 E. INDIANTOWN RD  
SUITE 208  
JUPITER, FL 33477 US

## **New Principal Place of Business:**

200 BLUE MOON CROSSING  
SUITE 100  
POOLER, GA 31322 US

## **Current Mailing Address:**

1070 E. INDIANTOWN RD  
SUITE 208  
JUPITER, FL 33477 US

## **New Mailing Address:**

200 BLUE MOON CROSSING  
SUITE 100  
POOLER, GA 31322 US

**FEI Number:** 65-0906440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## **Name and Address of Current Registered Agent:**

WALSH, BRETT  
1070 E. INDIANTOWN RD  
SUITE 208  
JUPITER, FL 33477 US

## **Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

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.

SIGNATURE: CT CORPORATIONS SYSTEM

03/31/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: COO  
Name: CECHELE, DAVID  
Address: 200 BLUE MOON CROSSING SUITE 100  
City-St-Zip: POOLER, GA 31322

Title: COO  
Name: CECHELE, DAVID  
Address: 200 BLUE MOON CROSSING SUITE  
City-St-Zip: POOLER, GA 31322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CECHELE

C00

03/31/2011

Electronic Signature of Signing Officer or Director

Date