2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # F99000002598

1. Entity Name
AXOLOTL CORP.

Principal Place of Business	Mailing Address
2203 NORTH LOIS AVE., SUITE 1100 TAMPA, FL 33607	2203 NORTH LOIS AVE., SUITE 1100 TAMPA, FL 33607

2. Principal Place of Business	3. Mailing Address
5440 Beaumont Center Blvd	5440 Beaumont Center Blvd
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: 400
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33634 Country: US	Zip: 33634 Country: US

10252004 REIN-P CR2E098 (6/04)

4. FEI Number: 59-3308537 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) 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. CORPORATION SERVICE COMPANY

SIGNATURE: by: Margaret A Rke Asst Secretary 10-25-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYRRELL, JACK 200 31ST AVENUE, SUITE 200 NASHVILLE, TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300042355003 11/01/04--01059--014 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANONG, RICHARD JR. 50 ROWER WHARF, 6TH FLOOR BOSTON, MA 02110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEET, ERNEST E POST OFFICE BOX 1360 SARANAC LAKE, NY 12981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCOTT, RAYMOND W 600 EL CAMINO REAL WEST, STE 150 MOUNTAIN VIEW, CA 94040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUTH, RICHARD E 2203 N. LOIS AVENUE, SUITE 1100 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Richard Gletty CFO 10/29/04 8133497102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #