

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# H01095

Entity Name: 3 OF A KIND, INC.

**FILED**  
**Jul 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

115 PONCE DE LEON CIR  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 PONCE DE LEON CIR  
PONCE INLET, FL 32127 US

**New Mailing Address:**

FEI Number: 59-2508920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAYNES, A. DOYLE  
115 PONCE DE LEON CIR.  
PONCE INLET, FL 32127 US

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

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: ARLINGTON HAYNES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAYNES, A DOYLE  
Address: 115 PONCE DE LEON CIR  
City-St-Zip: PONCE INLET, FL 32127

Title: STD  
Name: HAYNES, BETTY  
Address: 115 PONCE DE LEON CIR  
City-St-Zip: PONCE INLET, FL 32127

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: ARLINGTON HAYNES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR

07/16/2012

\_\_\_\_\_  
Date