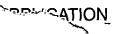
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

AVISION OF CORPORATIONS FIILED H35393. . - IVI # HOV -6 PM 12: 17 1. Corporation Name PURITAN BUDGET PLAN, INC. ISEORET FRY OF ISTIATE TALLLAHASSEE, FLIORIDA Principal Place of Business Mailing Address 3039 PREMIER PKWY 3039 PREMIER PKWY SUITE 100 SUITE 100 DULUTH GA 30097 DULUTH GA 30097 ATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qual To Do Business in Florida 12/18/1984 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-2489352 City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED [for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip Officer and/or Director P JAMIESON, RUSSELL 72 S ORLANDO AVENUE COCOA BEACH FL 3293/ **VP** JAMIESON, RUSSELL 72 S ORLANDO AVE COCOA BEACH FL *339*3/ ST JAMIESON, RUSSELL 72 S ORLANDO AVE COCOA BEACH FL 32931 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent LIDSKY, CARLOS Street Address (P.O. Box Number is Not Acceptable) 145 EAST 49TH STREET 54H FL 33013 Suite, Apt. #, Etc. Zip Code State nd accept the obligations of Section 607,0505, F.S. Signature of REGISTERED AGE 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR