## 2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT							The state of the s			
DOCUMENT # J22915										
1. Entity Nam	ie	CADEMY, INC.				08 0CT 29 Pti 2: 18				
Dringing Dive	a of Division		Marie				LLANASSEE, FLORIJA			
Principal Plac 200 STERLIN		5	Mailing Address C\O MARY ANN FERGUSON					LEALIASSEE	, FERRITA	
DELRAY BEACH, FL 33444			200 Sterling ave.							
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2. Principal P	lace of Busin	iess - No P.O. Box #	3. Mailing Address							
							. (1221112011	# #####    ####    ###################		\ 1 5  EE      ES
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10272008	REIN-P	CR2E098 (1/	07)	
City & State			City & State			4. FEI Numb 59-273		-	Applied For Not Applicable	
Zip	Zip Country			Zip Count			5. Certificate	of Status Desired	□ \$8.75 Fee Red	Additional quired
	6. Name	t Registered A	Registered Agent			7. Name and Address of New Registered Agent				
FERGUSON, MARY ANN										
200 STERLING AVE						Street Address	(P.O. Box Numb	er is Not Acceptable	<del>=</del> )	•
DELRAY BEACH, FL 33444										
						City		<del></del>	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.										
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, 2009, Fee will be \$300.00									with s. 607.193(2) not receive the pi	
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11
ntle Name	PT Delete III								☐ Cha	nge 🔲 Addition
STREET ADDRESS						ET ADDRESS	20	<b>%:1374</b>	19292	
CITY-ST-ZIP	ST-ZIP BOYNTON BEACH, FL 33436 CIT					-ST-ZIP	10729	/0801020-	012 **15	U.00
TITLE	S Delete III					l			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS					NAM STRE	ET ADDRESS				
CITY-ST-ZIP						-ST-ZIP				
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NAME STREET ADDRESS						E ET ADDRESS				
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NAME Street Address					NAM STRE	E ET ADDRESS				
CITY-ST-ZIP						-ST-ZiP				
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NAME STREET ADDRESS					NAM STRE	ET ADDRESS				
CITY-ST-ZIP						-ST-ZIP				
TITLE		<del>, , , , , , , , , , , , , , , , , , , </del>		Delete	TITL	1			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS					NAM STRE	ET ADDRESS				
CITY-ST-ZIP	L					-ST-ZIP				
l indicated	l on this renoi	e information supplied wi	is true and acco	urate and that	my signa	ture shall have the	e same legal ette	ct as it made under (	oath: that I am an o	licer or director
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.										
(00 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -										
SIGNAT	URE: 7	SIGNATURE AND TYPED OR	<del></del> ,		Daytime Pho	ne #				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daystre Phone 4										