2008 FOR PROFIT CORPORATION REINSTATEMENT

		KEINSIA	A I EIVIEN I									
DOCUI 1. Entity Nam VICTOR S	10	#J54990							FIL OCT 20 کارلینات			
Principal Place of Business Mailing Address									المستان	יויא ס מרב בו	ADIDA	
13333 QUEE NORTH FORT	N PALM RU	IN	13333 QUEEN PALM RUN NORTH FORT MYERS, FL 33903				îAl	TAHAS:	ՏԵ Ե, ԵԼ	AUMU.		
						1	1 (8 8)(18 8) 11		ti Bibli Bibli Bibli	AIAN AIRN AIR	 1	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address				2(0)		SMEN			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				10092008	REIN-P	CR2E0	98 (1/07)	<u> </u>	
City & State			City & State				4. FEI Numbe 59-275			<u> </u>	oplied For ot Applicable	
Zíp	Country		Zip	Zip Coun		5. Certificate of Sta		of Status Desired		8.75 Add ee Required		
	Registered Agent				7. Name and	Address of New F	Registered A	gent				

SMILEY, DONALD V. 13333 QUEEN PALM RUN N FT. MYERS, FL 33903						Street Address (P.O. Box Number is Not Acceptable)						
		City	City FL Zip Code					0				
2 7 1	1				L					1		
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 Donald V. Smiley, President Od. 15, 2008 Signature, typed or printed name of registered agent and title if applytable. (NOTE: Registered Agent signature required from reinstating) DATE												
		FEE IS \$150.00 $\hat{}$ 109, Fee will be \$300.6	l					In accordance corporation did				
Aitel Sai	.uaiy 1, 20							00.00.00.00		1110 p.101 1	10000.	
10.	ı	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE	P	DOMALD V	Delete	TITL						Change	☐ Addition	
name Street address	SMILEY, DONALD V. SS 13333 QUEEN PALM RUN						1	00137 0/080104	'972'	931		
CITY-ST-ZIP	NORTH F	03		ET ADDRESS -ST-ZIP		10/2	0/080104	18007	** 15	0.00		
TITLE	ST		TITL	F					Change	Addition		
NAME	SMILEY,	RITA E.	☐ Delete	NAME								
STREET ADDRESS	13333 QL		ET ADDRESS	h	بماميم							
CITY-ST-ZIP	NORTH F	_	-ST-ZIP	41	1021							
TITLE		TITL	•	Y	ı			Change	Addition			
NAME STREET ADDRESS		NAM STRE	EET ADDRESS	•								
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TOL	E					☐ Change	☐ Addition	
NAME				NAM	IE						•	
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP			□ Dolate	TITL	-ST-ZiP					Change	Addition	
NAME			L_I Delete	NAM	1					☐ Change	☐ Madilipii	
STREET ADDRESS				STRE	EET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE	1		☐ Delete	THU	1					Change	Addition	
NAME STREET ADDRESS	NATES										1	
CITY-ST-ZIP				EET ADDRESS '-ST-ZIP								
	L	ne information supplied with	This filing does not qualify to			itained	in Chanter 119	Florida Statutes	I further certif	v that the in	Mormation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Doubly. Smiles (Donald V. Smiles, President) 10-15-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELO 2 3 STRIPPED 27 8806												
									220	GUT7	ヘヘバルクト	