2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K41621

Entity Name: STUDOR, INCORPORATED

FILED Oct 23, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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11256 47TH ST N 720 BROOKER CREEK BLVD. US CLEARWATER, FL 33762

SUITE 205

OLDSMAR, FL 34677 US

Current Mailing Address: New Mailing Address:

500 DISTRIBUTION PARKWAY 11256 47TH ST N CLEARWATER, FL 33762 US COLLIERVILLE, TN 38017 US

FEI Number: 59-2929906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BEUSCHEL, JACK BEUSCHEL, JACK

11256 47TH ST N 720 BROOKER CREEK BLVD. CLEARWATER, FL 33762 US OLDSMAR, FL 34677

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: JACK BEUSCHEL 10/23/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Delete Title: () Change () Addition

CROSS, ROBERT L Name: Name: 455 W. VICTORIA ST Address: Address: City-St-Zip: COMPTON, CA 90220 City-St-Zip:

Title: PST Title: () Delete (X) Change () Addition

BEUSCHEL, JACK Name: Name: BEUSCHEL, JACK

830 LUCAS LANE 720 BROOKER CREEK B LVD. Address: Address: OLDSMAR, FL 34677 OLDSMAR, FL 34677 City-St-Zip: City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MANNERINO, ERNIE Name: Name: 202 INDUSTRIAL PARK LANE Address: Address: City-St-Zip: COLLIERVILLE, TN 38017 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

GORDIN, GARY GORDIN, GARY Name: Name:

202 INDUSTRIAL PARK LANE Address: Address: 500 DISTRIBUTION PARKWAY City-St-Zip: City-St-Zip: COLIERVILLE, TN 38017 COLLIERVILLE, TN 38017

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY GORDIN S 10/23/2008