2008 FOR PROFIT CORPORATION REINSTATEMENT

| 1. Entity Nam COLEMA Principal Plac 981 E EAUG/ SUITE E MELBOURNE | RT INC. The of Busines ALLIE BLVD The state of the sta | | Mailing Address 981 E EAUGALLIE BLVI SUITE E MELBOURNE, FL 3293 | | | FILED 08 OCT 13 PM 4 SECRETARIOESTA TALLAHASSEE, FLOO | | | | |
|--|--|-----------------------------|--|----------|------------------------------|--|------------------------|------------------|----------------|-------------------------|
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | STATE | CGR2E090 (1 | 2 | |
| City & State | | | City & State | | | 4. FEI Numbe 59-3023 | | | | olied For Applicable |
| Zip | Zip Country | | Zip Cour | | ntry | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | tional | |
| | 6. Name | and Address of Current | Registered Agent | | T | 7. Name and | Address of New Ro | egistered Agent | | |
| LUCE, WAYNE C 440 DESOTO PKWY SATELLITE BEACH, FL 32937 | | | | | | (P.O. Box Numbe | r is Not Acceptable | | | |
| 8. The above | named entit | v submits this statement (o | the purpose of changing its | register | City ed office or registe | red agent, or bot | n, in the State of Flo | FL | Code with a | |
| 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 | | | | | | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 | | | | | | | | | | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFFI | CERS AND DIREC | TORS | IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Delete LUCE, WAYNE C 440 DESOTO PKWY SATELLITE BEACH, FL | | | | | 10713 |)01365 /0801030 | :68575 016 ** | | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Ch | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Cha | inge | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | □ Ch | inge | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Cha | nge | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | ☐ Cha | inge | Addition |
| 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 of flustee 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: WAYNEC. LUCE PRES. 10-9-08 321-779-2839 | | | | | | | | | | |