2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # N0200003559 1. Entity Name THE SIRCLE INC. | | | | | 04 | FILED DEC 21 PM | 4: 25 | | |
|--|---|---|---|--|--|---|---|--|--|
| Principal Place 6312 SE 415 00 ALA, FL 3 | अं व | Mailing Address 6312 SE 41SF CT COALA, FL 34480 | | | SE FA | CRETARY OF S LLAHASSEE, FI | STATE 3 | { | |
| 2. Principal Place of Business 3895 SE 6187 PL. Suite, Apt. #, etc. 3. Mailing Address P.O. BOX 65 Suite, Apt. #, etc. | | | 553 | 553 12192 | | in-np cr | E099 (6/04) | | |
| City & State OC AL Zip | | City & State OCALA Zip | FL Country | | 4. FEI Number NOT APPLI | |) <u> </u> | plied For t Applicable | |
| 3449 | 50 USA | 34478 | USÁ | | 5. Certificate of St | | Fee Require | | |
| | 6. Name and Address of Current F | Registered Agent | Name | | | ress of New Register | ed Agent | | |
| , | LARMONICA | | | KIEHA DUNN | | | | | |
| 6312 SE 4 OCALA, FI | | | | Street Address (P.O. Box Number is Not Acceptable) 3895 SE, 6187 PL. | | | | | |
| | | | City | Oc.v | ALM | F | L Zip Cod | | |
| 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 Signature, typed or printed herita of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50 | | | | | | | | | |
| | | 50 | | <u>+ - 3:</u> | ~ | t . | eck payable to partment of S | | |
| After Ja | nuary 1, 2005, Fee will be \$297. | ECTORS | 11. | | | t . | DIRECTORS IN | tate | |
| After Ja | OFFICERS AND DIR | | 11. TITLE NAME | PID | • | Florida De | partment of S | tate | |
| After Ja 10. TITLE NAME STREET ADDRESS | OFFICERS AND DIR D SAMUEL, LARMONICA PO BOX 38 | ECTORS | TITLE NAME STREET ADDRESS | PID | SHA DUNI | Florida De | DIRECTORS IN | tate | |
| After Ja 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIR D SAMUEL, LARMONICA PO BOX 38 OCALA, FL 34478 | ECTORS Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7/D K15 | • | Florida De | DIRECTORS IN | tate i 10 Addition | |
| After Ja 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND DIR D SAMUEL, LARMONICA PO BOX 38 OCALA, FL 34478 D | ECTORS | TITLE NAME STREET ADDRESS | 7/D K15 | SHA DUNI 195 SE. G | Florida De | DIRECTORS IN | tate | |
| After Ja 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIR D SAMUEL, LARMONICA PO BOX 38 OCALA, FL 34478 D WATERS, LUZONIA 1601 NE 25 AVE | ECTORS Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 7/D K15 | SHA DUNI 195 SE. G | Florida De | DIRECTORS IN | tate i 10 Addition | |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: