2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					A Commence of the Commence of
DOCU				FILED	
1. Entity Name RATTLER SPECIAL EDITION CLUB, INCORPORATED					_ _
				TIE	08 DEC 30 AM 9: 39
Principal Place of Business Malling Address SMITTY'S RANCH					SECRETARY OF STATE TALLAHASSEE, FLORIDA
BANNERMAN ROAD			Estava	mJ	Druke TALLAHASSEE, FLORIDA
TALLAHASSEE, FL 32301 US 4449 W Colohass			De Fh	.323	
Principal Place of Business - No P.O. Box # 3. Mailing Address		<i>-</i>	.,	i kunkuut oli seloti ekkok kikula kisili oluf dioki okuli oliki oliki seksii seksii olikikot oli kirot	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			122 PEINSTATEMENT 9 (1/07) \mathcal{O} \otimes
City & State		City & State			4. FEI Number Applied For NOT APPLICABLE Not Applicable
Zip	Country	Zlp	Country		5. Certificate of Status Desired See Required
	6. Name and Address of Current F	egistered Agent			7. Name and Address of New Registered Agent
HOLLIBAY OLABELL. Aprotto Pom per Name Christe Floribeis					
TALLAHAGGET FL 32391 7449 W Ostoner W Street address (P.O. Box Number is Not Appenhale) Line W rine					
Dallahasse, FL 32303 City Dallahasse, Fl ZigCode					
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. Lam familiar with, and accept the obligations of registered agent.					
SIGNATURE CINETTE Homber 12730768-01039-004 **236.50					
SIGNATURE Signature, typed or previous concern of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE					
FILE NOWIII FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50 Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11.				Α	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
IIILE	D	Delete	MILE	1	natte Pomber D Change Middition
NAME STREET ADDRESS	HOLLIDAY, OLA BELL 801 GOLFVIEW DRIVE		NAME Street Address	44	49 Westoner Wrine
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Ta	elahassee, FL 32303
TITLE NAME	D MADDOX, JR, SANFORD	≥ Delete	TITLE NAME	wi	elle Harris P Change Addition
STREET ADDRESS	1423 CALIFORNIA STREET		STREET ADDRESS	1	north Menine Street
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		elahassee, 34 32303
TITLE NAME	ROSS, INELL	☑ Delete	TOTLE NAME	Ros	Such Barlor D Change Maddition
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 902 HAVANA, FL 32333	h (a	STREET ADDRESS CITY-ST-ZIP	34	Clahassee . It 32305
nne	D (The Delete	TITLE	not	Character 1012 Change PAddition
NAME. STREET ADDRESS	CHAMBERS, NEHEMIAH	hid 1	NAME	776	Prestor Street
CITY-ST-ZIP	716 PRESTON ST. TALLAHASSEE, FL 32308		STREET ADDRESS City-St-Zep	Ja	Clahassee, FL 32303
TITLE	D CHARGAL SAMUEL	☐ Delete	TITLE	حى	much Johnson D Change DAddition
NAME STREET ADDRESS	JOHNSON, SAMUEL 1308 BRANCH ST.		name Street adoress	130	8 Branch Street
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	م	elahossea, Dh 32308
TITLE NAME	CD FORD, ESTELLA	Delete	TITLE NAME	فع	tolla Ford D Change Hiddition
STREET ADDRESS	1321 KITT ST.		STREET ADDRESS	13.	100a hanser. 3h 32308
12. I hereby	TALLAHASSEE, FL 32308	this filing does not qualify for	CRY-SI-ZIP	contained	7
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 617, 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: SIGNATURE AND TYPES OF PROPRIETED HAME OF SIGNAND OFFICER OR DIRECTOR DEED DEED 24, 850-566-785/					