2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000012064

Entity Name: RIP GRIP, INC.

FILED Mar 30, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18459 PINES BLVD, SUITE 194 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

18459 PINES BLVD, SUITE 194 PEMBROKE PINES, FL 33029

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

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

CORNEILLE, MARIEJUDE 18459 PINES BLVD, SUITE 194 PEMBROKE PINES, FL 33029 US

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: NARIEJUDE CORNELLE

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: CORNEILLE, MARIEJUDE
Address: 18459 PINES BLVD, SUITE 194
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S

Name: GEORGER, TAMARA

Address: 18459 PINES BLVD, SUITE 194 City-St-Zip: PEMBROKE PINES, FL 33029

Title: DO

Name: CLAYTON, RONNIE
Address: 436 LAURELTON CIRCLE
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: DO

Name: FORBES, RICHARD
Address: 5760 SE WINDSONG LANE
City-St-Zip: STUART, FL 43997

Title: VP

Name: JEAN-LOUIS, YSEULT
Address: 18459 PINES BLVD, SUITE 194
City-St-Zip: PEMBROKE PINES, FL 33029

Title:

Name: GORDON, NORMAN

Address: 18459 PINES BLVD, SUITE 194 City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIEJUDE CORNELLE P 03/30/2011