## 2006 FOR PROFIT-CORPORATION REINSTATEMENT

ASS MONTYALE XING COMMING, CA 30041  2. Principal Pace of Guarness  Sulfe, Apt. F, etc.  Sulf	DOCUMENT # P0000099721  1. Entity Name BLU-PRINT, INC.									 06 Mar	FILE -8 A		յլ Մե	
Sulte, Apt. #, etc.  Sulter, Apt. #, et	4035 MONTVALE XING				47035 MONTVALE XING				•		15 E.	FLORE	E Ca	I <b>CT</b> E II IUNI
City & State  Country  Country  Country  Country  Country  Country  Secretaria of Status Desired  Secretaria of Secretaria of Status Desired  Secretaria of Secretaria o	2. Principal Place of Business				3. Mailing Address									
See Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name See Address of New Registered Agent  9. See Address of New Regi	Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				2006	REIN-P	كانال	=   ∀      R2E098 <sub>c</sub>	(11/05)	-06
S. Centrocate of Status Desired Fine Required:  The Above named Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name	City & State			City	City & State					961			<u> </u>	<del>`</del>
Name   Cinc   Byrd	Zlp	Country		Zip	Zip ·		itry	<b>5.</b> Ce	rtificate o	f Status Des	ired [			
Street Address (P.O. Box Number   S. No. Acceptable)  City Vissimmes  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projected agent.  SIGNATURE  SIGNATURE  FILE NOWILL FEE 18 3300.00  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE COCK, VERNON  NAME  SIRET ADDRESS  OTH ST. 29  LO COCK, VERNON  SIRET ADDRESS  OTH ST. 29  LO COCK, VERNON  SIRET ADDRESS  OTH ST. 29  OTH ST. 29  LO COCK, VERNON  SIRET ADDRESS  OTH ST. 29  OTH S		6. Name	and Address of Cu	rrent Register	ed Agent		Name C		me and A	Address of I	New Regis	tered Age	nt	
THE NOWITH FEE IS \$300.00  THE INTERPRETATION OF	3355 W. VINE ST., #104						Street Addre	19 G ess (P.O. Box 95 G	Number	is Not Acce			Zip Cod	e
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME VA COCK, VERNON UA COCK, VERCO UA COCK, VERCO UA	the obligations of registered agent.  SIGNATURE  Signature Appead or printed name of registered agent and life if applicable.  (NOTE: Registered Agent signature required when reinstarting)  DATE  —In. accordance with s607.193(2)(b), F.S., the-													
TITLE NAME 4035 MONTVALE CROSSING CITY-ST-2P CUMMING, GA 30041  TITLE MS	10.		OFFICERS	AND DIRECTO	ORS	11.	<del></del>	ADDI					•	
STREET ADDRESS CITY-ST-ZP CUMMING, GA 30041  TITLE MS		l '							<u></u>					
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 type 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 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 ther like empowered.	STREET ADDRESS					STR	EET ADDRESS					_		
STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 type 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 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 their like empowered.					☐ Delete								] Change	☐ Addition
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