2007 FOR PROFIT CORPORATION

5 REINSTATEMENT DOCUMENT # P00000107730 FILED RJM BUILDERS SOUTH, INC. 2007 OCT 10 AM 9: 57 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 6917 VISTA PARKWAY NORTH 6917 VISTA PARKWAY NORTH STE.#2 STE.#2 WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address 15340 Meadow Wood Dr 11349 Persimmon B/W Suite, Apt. #, etc. Suite, Apt. #, etc CR2E098 (1/07) 10022007 REIN-P City & State 4. FEI Number Applied For 65-1067794 Not Applicable Country -USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Romald Maggio FUCHS, LAWRENCE M ESQ. Street Address (P.O. Box Number is Not Acceptable) 590 ROYAL PALM BEACH BLVD. Meadow Wood L 340 ROYAL PALM BEACH, FL 33411 City 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 ager SIGNATURE Signature, typed or printed name of rec (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change NAME MAGGIO, RONALD J PRES NAME 001106067 8/07--01055--018 STREET ADDRESS 15340 MEADOWWOOD DRIVE STREET ADDRESS CITY-ST-7IP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAGGIO, SUSAN B VP NAME 15340 MEADOWWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZiP TITLE ☐ Delete TITLE Ronald ☐ Addition Road J. Maggio, Jr. VP 801 S. Olive Ave - Unit 1523 MAGGIO, JR., RONALD J VP NAME NAME 3590 ISLAND CLUB DR #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHPORT, FL 34288 CITY-ST-ZIP West Palm Beach, FL 33401 TITLE TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with

SIGNATURE

ED NAME OF SIGNING OFFICER OR DIRECTOR