

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 29 AM 9:05

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000027658

1. Corporation Name

Voltage Properties, Inc.

2. Principal Office Address

665 Lake Stone Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

3. Mailing Office Address

665 Lake Stone Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

4. Date Incorporated or Qualified

To Do Business in Florida March 16, 2001

5. FEI Number

59-3709879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Brant, Abraham, Reiter, and McCormick

Street Address (P.O. Box Number is Not Acceptable)

50 N. Laura St.

Suite, Apt. #, Etc.

2750

City

Jacksonville

State

FL

Zip Code

32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John D. McCormick, VP
REGISTERED AGENT MUST SIGN

Date

3/25/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Michael B. O'Brien	665 Lake Stone Circle	Ponte Vedra Beach, FL 32082
Director	Marla M. O'Brien	665 Lake Stone Circle	Ponte Vedra Beach, FL 32082

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael B. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/04

Daytime Phone #

904.535.8302

CR2E081 (01/04)