FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047053

1. Entity Name

Bima, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -2 PM 12:44

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

8/27/02 90117 031 A550.00

2. Principal Place of Business
16903 SE 88th Crestbrook Ct
Suite, Apt. #, etc.
City & State
The Villages, FL
Zip 32162 Country Volusia

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. 106-1685568 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William N. Gambert
Street Address (P.O. Box Number Not Acceptable): 629 N. Peninsula Av.
City: Daytona Beach, FL Zip Code: 32118

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 agent.

SIGNATURE: William N. Gambert DATE: 3/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must be revoked and reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President – Director NAME: Magnusson, Kristman STREET ADDRESS: 16903 S.E. 88th Crestbrook Ct CITY-ST-ZIP: The Villages, FL 32162	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President – Director NAME: Kristmannsson, Birgir STREET ADDRESS: Grethsgotu 47 CITY-ST-ZIP: 101 Reykavik Iceland	800018567258 05/08/03--01061--029 **350.00
TITLE: Director NAME: Kristmannsson, Magnus STREET ADDRESS: Skeljatanga 21 CITY-ST-ZIP: 270 Mosfellssee Iceland	DO NOT WRITE
TITLE: Director NAME: Kristmannsdottir, Margaret STREET ADDRESS: Saevargordum, 12 CITY-ST-ZIP: 170 Seltjarnarness Iceland	IN THIS SPACE
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Kristmann Magnusson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #