2008 FOR PROPIT CORPORATION REINSTATEMENT

| DOCUMENT # P0100005 1. Entity Name Y2K FABRICATION, INC. | 55603 | | | FILED 09 JAN-6 PM 1:23 |
|--|---|--|--|--|
| Principal Place of Business 4023 SAWYER RD. UNIT @121 SARASOTA, FL 34233 | Mailing Address PO BOX 51713 SARASOTA, FL 34232 | 2 | | SEURLIARY OF STATE TALLAHASSEE, FLORIDA |
| 2. Principal Place of Business - No P.O Box # | 3. Mailing Address | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 12022008 REIN-P CR2E098 (1/07) |
| City & State | City & State | City & State | | 4. FEI Number Applied For 65-1112346 Not Applied For |
| Zip Country | Zip | Country | , | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Curren | nt Registered Agent | | Name | 7. Namy and Address of New Registered Agent |
| MYERS, BRENT J | | | Street Address (P.O. Box Number is Not Acceptable) | |
| 3859 BEE RIDGE ROAD, SUITE 101 SARASOTA, FL 34233 | | - | , and the state of | |
| | | - | City | FL Zip Code |
| 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 Signature typed or printed name of registered agent and titld if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| Signature, typed or printed rame or registered ago | and find in abblicacie (1904) | (E. Registered) | Agant signature redun | The grant samulating |
| FILE NOWIII FEE IS \$150.00 After January 1, 2009, Fee will be \$300 | 0.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| h | ID DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME PEREA, RANDALL STREET ADDRESS PO BOX 51713 CITY-S1-ZIP SARASOTA, FL 34232 | Delete | NAME | ADDRESS 1-ZIP | 700139528 + *********************************** |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | ☐ Delete | THTLE NAME STREET A | ADDRESS I-ZIP | Change Addited |
| TITLE NAME STREET ADDRESS CITY - S1-ZIP | ☐ Delete | TITLE NAME. STREET A | ADDRESS 1-Zip | ☐ Change ☐ Addkid |
| IITLE NAME STREET ADDRESS CITY: ST-ZIP | Delete | TITLE NAME STREET A CITY - ST | ADDRESS RE | EINSTATEMENT Addition |
| TITLE NAME STREET ADDRESS CITY-S1-7IP | ☐ Delete | INTLE NAME STREET / CITY-SI | ADDRESS 1-ZIP | Stange Addition |
| TITLE . NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | CITY-ST | | harte |
| 12. Thereby 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 all other the demonstrated that the statutes of the corporation of the corporation of the corporation or the receiver or trustee empowered. SIGNATURE: SIGNATURE: SIGNATURE: Date Date Date Date Date Displace Date Date Date Date Displace Date Displace Date Displace Date Displace Date Displace Displace | | | | |