

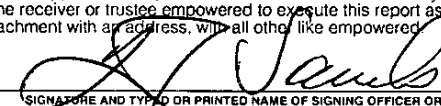


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000071115 1. Entity Name BOHANNON, INC.						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">05 JUL 20 AM 10:37</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 503 PALM BEACH ST - 2001 Old St Augustine B - 503 PALM BEACH ST P.O. Box 6990 APT #114 # G206 APT #114 TALLAHASSEE FL 32314 TALLAHASSEE, FL 32310 TALLAHASSEE FL 32301 TALLAHASSEE, FL 32340							
2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1127721		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	07202005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SAMUELS, ERROL 503 PALM BEACH ST - 2001 Old St Augustine B TALLAHASSEE, FL 32310 # G206 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900058530329 08/12/05--01043--009 ***300.00			
NAME	NAME	NAME	NAME				
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				7/20/2025 850-504-7702 <small>Date Daytime Phone #</small>			