


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000077242 1. Entity Name INTENSIVE RESOURCES INTERNATIONAL, INC.						FILED 07 OCT 17 PM 4:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1721 PENMAN RD. JACKSONVILLE BEACH, FL 32250				Mailing Address 1777 BEACH AVE ATLANTIC BEACH, FL 32233			
2. Principal Place of Business - No P.O. Box # 1777 BEACH AVE				3. Mailing Address Suite, Apt. #, etc.			
City & State ATLANTIC BEACH FL				City & State Suite, Apt. #, etc.			
Zip 32233		Country USA		4. FEI Number 59-3743892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JOHNSON, WALTER 1777 BEACH AVE. ATLANTIC BEACH, FL 32233			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Walter Johnson</u> WALTER JOHNSON <u>10/10/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 P NAME JOHNSON, WALTER STREET ADDRESS 1777 BEACH AVE CITY-ST-ZIP ATLANTIC BEACH, FL 32233				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600110870086 STREET ADDRESS 10/17/07--01003--007 CITY-ST-ZIP **150.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 all other like empowered.							
SIGNATURE: <u>Walter Johnson</u> WALTER JOHNSON <u>10/10/07</u> <u>246-8552</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							