2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 3:47

DOCUMENT # P01000121805

1. Entity Name
CHARLIE KILO, INC.

Principal Place of Business	Mailing Address
6315 SHORELINE DR 3201 SAINT PETERSBURG, FL 33709	~~6315 SHORELINE DR~~ ~~3201~~ ~~SAINT PETERSBURG, FL 33709~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		1648 Taylor Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #427	
City & State		City & State Port Orange, FL	
Zip	Country	Zip 32128	Country USA

04212008 REIN-P CR2E098 (1/07)

4. FEI Number 80-0003208 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA, SUITE 1500
ORLANDO, FL 32803

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, GERALD G 1648 TAYLOR RD 427 PORT ORANGE, FL 32128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700128101347 05/01/08--01050--005 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 ____________________ 4/22/08 386-767-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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