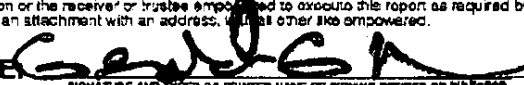


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000121805			
1. Entity Name CHARLIE KILO, INC.			
Principal Place of Business 6315 SHORELINE DR 3201 SAINT PETERSBURG, FL 33709		Mailing Address 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 Port Orange, FL		City & State Port Orange, FL	
Zip 32128	Country USA	4. FEI Number 80-0003208	
5. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 NORTH MAGNOLIA, SUITE 1500 ORLANDO, FL 32803		6. Certificate of Status Declared ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		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, name or printed name of registered agent and fee is 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	☐ Delete D MERCER, GERALD G 1648 TAYLOR RD 427 PORT ORANGE, FL 32128	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, unless other the empowered.			
SIGNATURE 		4/22/08 386-767-1401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 3:47



04212008 REIN-P CR2E098 (1/07)

4. FEI Number
80-0003208

6. Certificate of Status Declared ☐ \$8.75 Additional Fee Required

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, name or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)

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
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05/01/08--01050--005--**300.00

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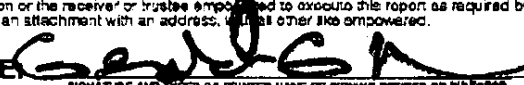
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SIGNATURE


4/22/08 386-767-1401
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08