2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: ⊿

FILED **DOCUMENT # P02000060357** SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name CARVERCOMM, INC 05 MAR - 1 AM 9: 18 Principal Place of Business Mailing Address 5003 S.W. 65TH COURT 5003 S.W. 65TH COURT GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 32-0016281 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARVER, KASH A 5003 S.W. 65TH COURT GAINESVILLE, FL 32608 3240 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 -FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PR MLE Delete TITLE ☐ Change Addition NAME CARVER, KASH A NAME STREET ADDRESS 5003 SW 65TH COURT STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP TITLE Delete Vice Presiden ☐ Change Addition TITLE Kristopher Carver 620 NW 4th Avenue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Springs Delete ☐ Change TITLE TITLE Addition retark becea Hite NAME NAME 5003 500 US the Court STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Gainesville. FL 32408 Addition ☐ Change TITLE TOTAL Delete Kash Carver NAME NAME 5003 5W 65th Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change me Addition Defete IΠF NAME NAME 100048039371 03/09/05--01013--007 **99 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Defete TITLE íon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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