

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000073381

Entity Name: MILEXTRA, INC.

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

43 BEAL PKWY S.E.,  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

43 BEAL PKWY S.E.,  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 13-4205261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEWMAKE, DAVID R  
43 BEAL PKWY S.E.,  
FT. WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DAVID R SHEWMAKE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SHEWMAKE, DAVID R  
Address: 43 BEAL PARKWAY S. E  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D  
Name: SHEWMAKE, ELIC D  
Address: 43 BEAL PARKWAY S. E.  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D  
Name: SHEWMAKE, HELEN P  
Address: 125 HUGHES ST  
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID R SHEWMAKE

PRES

05/02/2011

Electronic Signature of Signing Officer or Director

Date