2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

Exp Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name a		REINST	ATEMENT			_				
Principal Place of Business Substance Substances Substance Substance Substance Substances Substance Substa	1. Entity Name									
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City & State Country City & State City &	Principal Place of Business - No P.O. Box # 3. Mailing Address									
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address of New Registered Agent	City & State		City & State						Applied For Not Applicable	
Name Name N	Zip Country		Zip Cou		,	5. Certificate of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Riorda. I am familiar with, and acceptable in the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE STATE NOWILL FEE IS \$300.00 TO. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SWA A 305 SIGNATURE SWAN, JOHN A JR SIRET ADDRESS OFFICERS AND DIRECTORS IN 11 TITLE SWAN, JOHN A JR SIRET ADDRESS OFFICERS AND DIRECTORS IN 11 TITLE SWAN, JOHN A JR SIRET ADDRESS OFFICERS AND DIRECTORS IN 11 TITLE SWAN, JOHN A JR SIRET ADDRESS OFFICERS AND DIRECTORS IN 11 TITLE SWAN, JOHN A JR SIRET ADDRESS OFFICERS AND DIRECTORS IN 11 TITLE SWAN, JOHN A JR SIRET ADDRESS OFFICERS AND DIRECTORS IN 11 TITLE SWAN OFFI		6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered	Agent	
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12. I hereby certify that the information shoplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or sipplement i 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 rectivenor truttee 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:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/09 203 520 1389