> 2005 FOR PROFIT CORPORATION REINSTATEMENT

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

DOCUMENT # P02000098286 1. Entity Name MOTIVATIONAL MEETINGS, INC. 05 MAY 13 PM 6: 10 SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 9727-2001 TOUCHTON RD 9727-2001 TOUCHTON RD JACKSONVILLE, FL 32245 JACKSONVILLE, FL 32245 2. Principal Place of Business 3. Mailing Address *365* Suite, Apt. #, etc Suite, Apt. #, etc. 05032005 CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 03-0484179 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired St. Johns Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent RANDOLPH, REX A Street Address (P.O. Box Number is Not Acceptable) 9727-2001 TOUCHTON RD JACKSONVILLE, FL 32245 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 OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Change ☐ Addition RANDOLPH, REX A NAME NAME 9727-2001 TOUCHTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32245 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE □ Change ☐ Addition **800055583508** 06/01/05--01056--011 **90 NAME NAME STREET ADDRESS STREET ADDRESS **908.75 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

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□ Change

☐ Change

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☐ Addition

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

SIGNATURE: A. Pandol Hreadent Cell #904-472-62
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR