## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000031711  1. Entity Name AADVANTAGE INC.							ΠΑ	FILE SECRETARY ISION OF COS OCT 18	OF STATE TPORATION			
Principal Place	e of Business	3	Mailing Address				l			_		
448 FT SMIT			448 FT SMITH BLVD			Q	CMS	ATEN	ENT	05		
DELTONA, Fiz. 32738			DELTONA, FL 32738			(J)		16.98 mass.		3.3 M. W.		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10132005	REIN-P	CR2E	098 (6/04)		
City & State			City & State	City & State			4. FEI Numbe 71-094			_ <del>                                    </del>	plied For Applicable	
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent	gistered Agent Name			7. Name and Address of New Registered Agent					
CLICK, DENISE 448 FT SMITH BLVD						Street Address (P.O. Box Number is Not Acceptable)						
DELTONA, FL 32738												
						ity FL Zip Code						
8. The above named extity 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 acceptable to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida.											and accept	
the obligations of registered agent.												
SIGNATURE_	Signature, typed	or printed name of registered agen	and title if applicable (NOTE	: Register	ed Agent signa	ture requir	red when reinstating)		DATE	•		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00								In accordance corporation d				
10.		OFFICERS AND		11.		~		CHANGES TO O	FFICERS AND		S IN 11	
TITLE NAME	DVS CLICK, DI	ENISE	☐ Delete	TITU NAM		DV		îse	- 1	Change	Addition	
STREET ADDRESS	448 FT SN	MITH BLVD	STRE		ET ADDRESS	116	4 Gree	SUBTRICE DIAG . 11				
CITY-ST-ZIP		A, FL 32738			-ST-ZIP	1750	athrou	),FL a	32746	<u> </u>		
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CITY-ST-ZIP	DELIGNA	A, FL 32738	Deleie	TITLE		Hec	throw	, <u> </u>	3274 <i>6</i>	☐ Change	Addition	
NAME			Li Doloto	NAM	E		00	<u>00607</u> 0501072	2219		_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP		10/18/	'0501072 <sup>.</sup>	009 ×	*150.00	0	
TITLE			☐ Delete	TITLI	<u> </u>				•	☐ Change	Addition	
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CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLI						☐ Change	Addition	
NAMF STREET ADORESS				MAM STRE	e Et address							
CITY-ST-ZIP				CITY	-ST-ZiP							
TITLE NAME			☐ Delete	TITLI						☐ Change	Addition	
STREET ADDRESS					et address							
CITY ST-ZIP					-ST- <i>Z</i> IP						<del></del>	
12. Thereby certify that the information supplied with this filing 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 supplied ental 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 of hustee 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.												