## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000067041						Real Property	•	FIL	_ED		
BATTLE ONE, INC.										• •	
			•					08 DEC 29			
Principal Place	e of Busines	s	Mailing Address	Mailing Address			Ψ.	secretar Allahass	Y OF ST	ATE.	
			3476 DAY LILY LANE TALLAHASSEE, EL 321	3476 DAY LILY LANE Tallahassee, FL 32308			17	ALL'AHASS	EE. FLOR	ADA	
***************************************	_, 0.00		,				( ( ( ) ( ) ( ) ( )	I COICO PAULOUNI TENI CO	Iin Briir Bini Marii A		
2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt.	#, etc.		Suite. Apt, #, etc.	Suite, Apt, #, etc.			12182008	REIN-P	CR2E09	8 (1/07)	
City & State			City & State	City & State			4. FFI Numb	114 <i>3</i> 82		Applied For Not Applicable	
Zıp	Country		Zip	Zip Countr			5. Certificate of Status Desired S8.75 Additional Fee Required				
-	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
BATTLE, HINTON G II					Name						
3476 DAY TALLAHAS				Street Addr			ess (P.O. Box Number is Not Acceptable)				
				<u> </u>							
					City				FL	Zip Code	
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: Signature, typod or printed name of registered agent and three-approach. (NOTE: Registered Agent signature required when refinatating)  DATE											
Signature, typed or printed name of registered agent and the Lappicatio. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				93(2)(b), F.S., the he prior notice.	
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS,	CHANGES TO OF		<del></del>	
TITLE NAME	PRES HINTON,	BATTLE G II	☐ Delete	☐ Delete TITLE NAME					L	Change Addition	
STREET ADDRESS	3476 DAY			STREET ADDRESS CITY-ST-ZIP							
TITLE	IALLANA	ASSEE, FL 32308	Delete				☐ Change ☐ Addition				
NAME SYREET ADDRESS						000139312250 12/29/0801019010 **150.0			250		
STREET ADDRESS CITY-ST-ZIP						15157100 Ot012010 **120*00			**120.00		
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CITY-ST-ZIP				CITY-SI-ZIP						7.0	
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STREET ADDRESS					ET ADDRESS -ST-ZIP		INICTA	TERRET		"	
TITLE	☐ Delete T					REINSTATEMENT_OK_Change CAddition					
NAME STREET ADDRESS				NAME STREET ADDR							
CITY-ST ZIP				CITY	- ST- ZIP			<u> </u>			
TITLE NAME			☐ Delete	TITLE						Change C Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
	ertify that th	e information supplied with	this filing does not qualify for	or the exe	emptions cor	ntained i	in Chapter 119	9. Florida Statutes	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 toueless impowered 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: 1 129-09 VS50-212-5181											
SICITAL	J. L. G	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	ron	Ĺ	<del>/                                    </del>	Dáte	Daytir	me Phone #	