2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000075969 FILED ELECTRONIC PROCESSING SOLUTIONS, INC. 05 APR 22 PH 4: 11 Mailing Address Principal Place of Business 1000 VIA LUGANA CIR., SUITE 307 1000 VIA LUGANA CIR., SUITE 307 BOYNTON BCH, FL 33436 BOYNTON BCH, FL 33436 2. Principal Place of Business 3. Mailing Address 5301 N. Federa Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number 20-0094282 City & State City & State Applied For Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCQUAIN, HELLEN R Street Address (P.O. Box Number is Not Acceptable) 1000 VIA LUGANA CIR., SUITE 307 BOYNTON BCH, FL 33436 City 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 DATE Signaturu, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President THIF ☐ Change P Addition TITLE ☐ Defete McQuan NAME Hellen NAME BOCH RATON, FL. 33FA7 -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Vice President ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STEVEN KRAUTHAMER STREET ADDRESS STREET ADDRESS FEDERAL HWY STE#160 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE 1 1 Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dolete TITLE ☐ Addition 400055199434 NAME NAME 05/24/05--01074--003 STREET ADDRESS **300.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Change ■ Addition TITLE ☐ Delete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chaptered or no an attachment with on address. Authority all other incommend. changed, or on an attachme STEVEN KRAVTHAMER SIGNATURE: