2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000089326 1. Entity Name FISH & TISH 'R ABOVE & BEYOND, INC.							FILED AY 15 PM REJARY OF S	•	
Principal Place of Business 560 ALEXANDRA AVE., SW VERO BEACH, FL 32968		Mailing Address 560 ALEXANDRA AVE., SW VERO BEACH, FL 32968			1 en n ii n ge 100	TĂLL.	ATTASSEE, F	LORIDA	
2. Principal P	Spring Time Dr. #. etc.	3. Mailing Address 9190 Spring Time Dr. Suite, Apt. #, etc.		Dr.	04202006	REIN-P)	CR2E098 (11/09)	5-06	
Cipa State Vero Beach Fl		Vero Beach FL			4. FEI Number Applied For 20-0204968 Not Applicable				
zip 329(Country USA 6. Name and Address of Current F	32963	Country USA			of Status Desired [\$8.75 Add Fee Require	ditional d	
BILARDELLO, TISH									
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 begistered agent.									
SIGNATURE 15 4 4 - 24 - 06 Signature, typed or pryfed name of registerer agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$300.00						In accordance with corporation did not			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILARDELLO, TISH 560 ALEXANDRA AVE., SW VERO BEACH, FL 32968	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISH, SALLY A 501 HONEYSUCKLE LANE VERO BEACH, FL 32963	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9191 Ver	o Sprina	q Time Dr. ch, FL 3296	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B35/22	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		O 0 05/29	000752: 5/0601005	□ Change 1 75 □ 0 -015 **30€	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Change	☐ Addition	
12. I hereby certify that the information supplied 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 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.									
SIGNATURE: 4-24-06 772-633-8783 SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Units Units Units									