

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 AUG -4 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-01-2005 90001 015 ***150.00



05242006 REIN-P CR2E098 (11/05)

4. FEI Number 27-0069322 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOVER, DWAYNE
1215 BLUEHILL DR, N
JACKSONVILLE, FL 32218

Name DWAYNE GLOVER
Street Address (P.O. Box Number is Not Acceptable)
8873 ROSE HILL DR South
City JACKSONVILLE FL Zip Code 32221

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 Dwayne B Glover DATE 7-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GLOVER, DWAYNE ☐ Delete
STREET ADDRESS 1215 BLUEHILL DR, N
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE ST
NAME SUMPTER, JOAN ☐ Delete
STREET ADDRESS 1215 BLUEHILL DR, N
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE ADM
NAME MUNJIN, WILLIAM B ☐ Delete
STREET ADDRESS 1215 BLUEHILL DR, N
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 2005 AR rejected in error - ☐ Change ☐ Addition
STREET ADDRESS penalties waived RSC
CITY-ST-ZIP

TITLE
NAME 500072483805 ☐ Change ☐ Addition
STREET ADDRESS 08/08/06--01062--017 ***150.00
CITY-ST-ZIP

TITLE
NAME REINSTATEMENT ☐ Change ☐ Addition
STREET ADDRESS 05-06 DEC
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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: Dwayne B Glover DATE 7-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #