2007 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P0400012230 | | | | | | | | | | | | | | |
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| | ^{ne} ORPORA ⁻ | TION | ~ •, | | EILED | | | | | | | | | |
| | | | | | | | FILED | | | | | | | |
| Principal Place of Business Mailing Address | | | | | No. | | 07 A | PR 23 PI | H 1:2 | 0 | | | | |
| -3290 7 COLLEGE PARKWAY -3290 7 COLLEGE PA | | | | KWAY | | | 277 | | STAT | C | | | | |
| | S, FL 33919 | - | | ORT MYERS, FL 33919 | | | iäliä | i i i i idi Harsee, | FLORI | r. D∆ | | | | |
| | | | | ION BON BON BO | | | | | | | | | | |
| 3. Principal Place of Business - No P.O. Box # 3949 EVANS AVE | | | | 3949 EVANS AVE | | | | [[]] | | | | | | |
| Suite, Apt. #, etc. # 403 | | | Suite, Apt. #, etc. # 403 | | | | EMEIAII | Nok _{2E09} | 8 (4707) | 07 | | | | |
| City & State MYERS FL | | | City & State | | | | <u> </u> | | ⊢ | plied For | | | | |
| Zip | <u> </u> | Country | Zip | Country | | 50-001356 5. Certificate of Sta | | \$8 | 3.75 Add | it Applicable litional | | | | |
| 3390 | | USA and Address of Current | 3390 I | <u> </u> | SA | | | Fe | e Required | d | | | | |
| | 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARL GRECO | | | | | | | | | | | | | |
| 2200-7 CC | N, CORDO | NH- NDKWAY_ | | - | | ess (P.O. Box Number is N | | e) | | | | | | |
| | ERS, FL 3 | | | - | 20:10 | ************************************** | | | | | | | | |
| | | | | | 3944 | EVANS | AVE | #4 | 03 | | | | | |
| | | | | / | eny FT | MYERS | | FL | Zip Code | 901 | | | | |
| | e named entity tions of egiste | | or the purpose of changing its | registered | d office of negi | istered agent, or both, in | the State of Flo | orida. I am fam | niliar with, | and accept | | | | |
| SIGNATI IBE | VH. | 5 Tr America | 4-60 | | Kail | Theco | 1 / | 4-05 | -07 | 7 | | | | |
| SIGNATURE | Signature, typed o | x printed name of registered agent | and title if applicable. (NOT) | E: Registered | SIGNATURE Signature, typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| by accordance with s. 607.193(2)(b), F.S., the | | | | | | | | | | | | | | |
| | | | | | | J In/s | eccordance | -ith = 607 10 | 53/3/(P) E | FS the | | | | |
| Fil | LE NOW!!! | FEE IS \$300.00 | | | | lp/s cor | accordance r poration did | with s. 607.19 not receive th | 93(2)(b), f he prior n | F.S., the notice. | | | | |
| F8/ | | FEE IS \$300.00 | DIRECTORS | 11. | | ADDITIONS/CHAI | poration did | not receive the | he prior n | iotice. | | | | |
| 10. | D | OFFICERS AND | DIRECTORS Delete | TITLE | | Cor | poration did | not receive the | he prior n | iotice. | | | | |
| 10. | D MARINELL | | ☐ Delete | TITLE NAME | T ADDRESS | Cor | poration did | not receive the | he prior n | S IN 11 | | | | |
| 10. TITLE NAME | D MARINELL 1417-3 DE | OFFICERS AND | ☐ Delete | TITLE NAME | T ADDRESS | Cor | poration did | not receive the | he prior n | S IN 11 | | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | D MARINELL 1417-3 DE | OFFICERS AND LI, H. SCOTT L PRADO BLVD. #438 | ☐ Delete | TITLE NAME STREET CITY-S TITLE | T ADDRESS | Cor | poration did | not receive the | he prior n | S IN 11 | | | | |
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