2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUI 1. Entity Nam RONALD	е	# P0400020 .es, INC.	0517			06 0CT 31 Pil 2: 47				
Principal Place 750 SOUTH (UNIT #3 JUPITER, FL	OLD DIXIE H		Mailing Address 750 SOUTH OLD DIXIE HIGHWAY UNIT #3 JUPITER, FL 33458				11111 11211 10111 10111 1811	11. 88118 (181) 88181 8118		III II (18)
Principal Place of Business Suite, Apt. #, etc.			Mailing Address Suite, Apt. #, etc.			QEIN	SIATE	MEN		
City & State			City & State			4. FEI Numbe	er	CR2E098 (1	,	plied For
Zip Country			Zip Coun		20-0€			Not Applicable \$8.75 Additional		
			<u> </u>		- ₁	<u></u>	of Status Desired	☐ Fee F	Required	
	6. Name	and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent Name.					
UNIT #3	H OLD DI	XIE HIGHWAY		Street Addr		P.O. Box Numb	er is Not Acceptable	9)		
JUPITER,	FL 33450	ı			City			FL Z	ip 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2 After January 1, 2007, Fee will be \$300.00 corporation did not receive the property of the property										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4030 DOF	RCEDES M RADO DR ACH GARDENS, FL 3	□ Delete		i	8 10/3	00081 91/060103	370Ō4	hange 19 **150	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RONALD TH OLD DIXIE HWY, # , FL 33458	□ Delete		1				Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				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 truetee 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 affachment with an address, with all other like empowered:										
SIGNATURE: A SIGNATURE AND TYPES OR PRINTED MAR OF SECURITY SECURITY SIGNATURE AND TYPES OR PRINTED MAR OF SECURITY SECURIT										