2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 12, 2005
Secretary of State

DOCUMENT# P04000067872

Entity Name: RIOR, INC

Current Principal Place of Business:

2 UNIONTIN CT.
PALM COAST, FL 32164

New Principal Place of Business:

49 ZEPHYR LILY TRAIL
PALM COAST, FL 32164

Current Mailing Address:

2 UNIONTIN CT.
PALM COAST, FL 32164

New Mailing Address:

49 ZEPHYR LILY TRAIL
PALM COAST, FL 32164

FEI Number: 20-1047049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOCAROOSKI, ZORE
2 UNIONTIN CT.
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

MOCAROSKI, ZORE
49 ZEPHYR LILY TRAIL
PALM COAST, FL 32164 US

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.

SIGNATURE: ZORE MOCAROSKI 12/12/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VELKOVSKI, SLOBODAN
Address: 326 MOODY BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T ( ) Delete
Name: MOCAROSKI, ZORE
Address: 326 MOODY BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VELKOVSKI, SLOBODAN
Address: 49 ZEPHYR LILY TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: T (X) Change ( ) Addition
Name: MOCAROSKI, ZORE
Address: 49 ZEPHYR LILY TRAIL
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZORE MOCAROSKI T 12/12/2005
Electronic Signature of Signing Officer or Director Date