

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000083210

Entity Name: DINO BITE, INC.

FILED  
Oct 22, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 3  
TANGERINE, FL 32777

## New Principal Place of Business:

895 CHARMIL AVE  
LAKE ALFRED, FL 33850

## Current Mailing Address:

PO BOX 3  
TANGERINE, FL 32777

## New Mailing Address:

FEI Number: 20-1190555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, OCA  
295 CHARMIL  
LAKE ALFRED, FL 33850 US

## Name and Address of New Registered Agent:

BROWN, OCA  
895 CHARMIL  
LAKE ALFRED, FL 33850 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: OCA BROWN

10/22/2007

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: PC ( ) Delete  
Name: BROWN, OCA  
Address: PO BOX 3  
City-St-Zip: TANGERINE, FL 32777

Title: D ( ) Delete  
Name: BROWN, ZILLA  
Address: P.O. BOX 252  
City-St-Zip: MCDONOUGH, GA 30253

Title: D ( ) Delete  
Name: THOMAS, WADE N  
Address: P.O. BOX 455  
City-St-Zip: LOCUST GROVE, GA 30248

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BROWN, ABIGAIL  
Address: 895 S CHARMIL AVE  
City-St-Zip: LAKE ALFRED, FL 33850

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OCA BROWN

PC

10/22/2007

Electronic Signature of Signing Officer or Director

Date