## 2006 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	MENT # P04000088		FILED 07 JAN 10 AM 8: 14						
Principal Place 249 KINGS W SATELLITE BI		Mailing Address 249 KINGS WAY SATELLITE BEACH, FL 3	_			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business  3. Mailing Address  4. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Merci TISland				or.	12282006	REIN-P	CR2E098 (1	1/05)	
City & State	· · · · ·	City & State 32752	<del></del>	<u> </u>	4. FEI Number			Applied For	
2/p	Country	Zip	Country	ľ.T.	20-1208	of Status Desired		Not Applicate  75 Additional	
	6. Name and Address of Current I	Registered Agent	-				Fee i Registered Agen	Required t	
CORBETT, JON JASON  249 KINGS WAY SATELLITE BEACH, FL 32937  Street Address (P.O. Box Number is Not Acceptable)  Paris N  City  FL Zip Code 2 295									
	named entity submits this statement for ions of registered agent.  Signature, prod of printed registered agent a	ST.			ed agent, or both	i, in the State of F	Rorida. I am famili //5/0 DATE		
i .	E NOWIII FEE IS \$150.00 muzry 1, 2007, Fee will be \$300.0					corporation did	with s. 607.193 I not receive the	prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORBETT, JON JASON 249 KINGS WAY SATELLITE BEACH, FL 32937	DIRECTORS  Delete	11.  TITLE  NAME  STREET AD  CITY-ST-2		STATI	CHANGES TO OF	FICERS AND DIR	ECTORS IN 11 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change 🔲 Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2		<b>4</b> 01/2	0008! 3/07010	58376 007003	Change □ Additi 34 **308.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-7					Change 🔲 Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change 🔲 Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET AD CITY-ST-2	N N				Change 🔲 Additi	
of the cor changed	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee emports, or on an attachment with an address, v	wered to execute this report a	the exempting signature as required	otions contained shall have the by Chapter 607	in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes. as if made unde s; and that my na	I further certify the roath; that I am ar me appears in Blo	at the information officer or director ck 10 or Block 11	
SIGNATURE:									
							(386) 78 Deytine	01/12	