2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000088890 FILED MULTI-BRAID, INC. 08 DEC 30 PM 4: 36 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 23 WINDING WOODS TRAIL 23 WINDING WOODS TRAIL ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 102REINSTATEMENTO98 (1/07) Suite. Apt. #, etc. Suite, Apt. #, etc. City & State City & State 59-3500596 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRAPP, HANS HERBERT Street Address (P.O. Box Number is Not Acceptable) 23 WINDING WOODS TRAIL ORMOND BEACH, FL 32174 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . Change ☐ Delete TITLE Addition 7**9013937**5 NAME TRAPP, HANS HERBERT NAME STREET ADDRESS 23 WINDING WOODS TRAIL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustee 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 attachment with an address, with all other like empowered. 10(24/2008 386-677-762 SIGNATURE: SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR