2006 FOR PROFIT CORPORATION. . REINSTATEMENT

1. Entity Name	MENT # P04000089 DRNE CUSTOMER SERVI		FILED				
, O. C. O. O.	THE GOOT OME, COEKE		0 6 JUL	31 1	2: 23		
Principal Place of Business Mailing Address		Mailing Address		$\neg \sim$	SECIE		
2981 EAST SPUR LANE HERNANDO, FL 34442		2981 EAST SPUR LANE HERNANDO, FL 34442		WA .	SECKEL TALLASI		
2. Principal Pl	ace of Business	3. Mailing Address	ing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132000 REIN			5-04
City & State		City & State		4. FEI Number 04 3 794	734	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status	Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curren	Registered Agent	Name /	7. Name and Address	of New Registered A	\gent	
SPIEGEL & 1840 SW 2 4TH FLOO MIAMI, FL	$R / \mathcal{D}\partial$	LUANDO F	Acceptable) FL	Zip Code			
8. The above the obligation SIGNATURE_	named entity submits this statement ons of registered agent.	or the purpose of changing its			State of Florida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE	: Registered Agent signature	required when retructing)	DATE		
Fit	.E NOW!!! FEE IS \$900.00						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	IN 11
TITLE	PSTD	☐ Delete	TITLE	Gana:	078466	Change_	Addition
NAME STREET ADDRESS CITY-ST-ZIP	CORNE, GREGORY W 2981 EAST SPUR LANE HERNANDO, FL 34442		NAME STREET ADDRESS CITY-ST-ZIP	98/08/06	01027013	.⊐.⊐.∃ 3 ***30	0.00
TITLE	HERNANDO, FC 34442		TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		L. Delete	NAME STREET ADDRESS CITY-ST-ZIP	9 90 0 08/08/06	078466 -01027014	539	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900 08/08/06	0 73466 01027019	5555 **30	Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-21P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
12. I hereby of indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that mo	the exemptions conta ny signature shall have	the same legal effect as if ma	ide under oath; that I a	ım an officer i	or director
SIGNAT	URE: SIGNATURE AND APPEND OF	A LO CO	OR DIRECTOR	7-/	4-06 2	12- 4. eytime Phone #	850