2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P04000106073 1. Entity Name HELÉNE I EMDUR INC 06 NOV -2 PM 5: 35 Principal Place of Business Mailing Address RENISTATEMENT 06 927 KOKOMO KEY LANE 927 KOKOMO KEY LANE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business Mailing Address 12021 Oakvista Drive 12021 Oakuista Suite, Apt. #, etc. Suite, Apt. #, etc. 10302006 REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For Doyrton Be. Boynton Beach 20-1742364 Not Applicable Zip Palu Beach Palu Beach \$8.75 Additional 5. Certificate of Status Desired 33437 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Emdur Helo EMDUR, HELENE I Street Address (P.O. Box Number is Not Acceptable) 927 KOKOMO KEY LANE DELRAY BEACH, FL 33483 12021 Dat Vista Drive inton Beach FL 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. 10/30/06 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, 2007, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change | ☐ Addition TITLE ☐ Delete THILE Émdur, Helene 12021 oakvista Drive EMDUR, HELENE NAME NAME STREET ADDRESS 927 KOKOMO KEY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33483 Boynton Beach FL 33437 ☐ Delete TITLE Change ☐ Addition TITLE Emdur, Fred W EMDUR, FRED W VP NAME 12021 oakvista Drive Boynton Beach, R. 33437 STREET ADDRESS 927 KOKOMO KEY LANE STREET ADDRESS DELRAY BEACH, FL 33483 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME 300081470403 NAME STREET ADDRESS STREET ADDRESS 11/02/06--01026--022 **150.00 CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 emeawered.

CITY - ST- ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

561,702,0778

☐ Addition