2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000125737

Entity Name: RYDAN GROUP INC.

HUBER, SUSAN P

FERN PARK, FL 32730 US

429 RIDGE RD

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Littly Nan	IE. KIDAN GR	OUT INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
429 RIDGE CASSELBE	RD ERRY, FL 32730) US	429 RIDGE FERN PAR	ERD RK, FL 32730 US	
Current Mailing Address:			New Mailir	New Mailing Address:	
429 RIDGE CASSELBE	RD ERRY, FL 32730) US			
FEI Number:	20-1833474	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
HUBER, JA 429 RIDGE FERN PAR		US			
The above in the State		bmits this statement for the pu	urpose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE: JAMES D. H	HUBER			
	Electronic	Signature of Registered Ager	nt	Date	
		2)(b), F.S., the corporation did not rust Fund Contribution ().	receive the prior notice	е.	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () D HUBER, JAMES D 429 RIDGE RD FERN PARK, FL	1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () D HUBER, JAMES C 429 RIDGE RD FERN PARK, FL	:	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition HUBER, PETER H 429 RIDGE RD FERN PARK, FL 32730 US	
Title: Name: Address: City-St-Zip:	VP (X) D HUBER, PETER H 429 RIDGE RD FERN PARK, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SECR (X) D	elete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES D. HUBER PRES 03/20/2009