

2007 FOR PROFIT CORPORATION REINSTATEMENT

Principal Place of Business
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 10112007 REIN-P CR2E098 (1/07) City & State City & State City & State 4. FEI Number 75-3166165 Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional For Required Name Name Name Name Name Name Name PETERS, PAUL 205 AVENUE K. S.E. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Vote PL Zip Vote Zip Zip Vote PL Zip Vote Zip Zip Vote Zip Zip Vote Zip Z
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 10112007 REIN-P CR2E098 (1/07) City & State City & State City & State 4. FEI Number 75-3166165 Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional For Required Name Name Name Name Name Name Name PETERS, PAUL 205 AVENUE K. S.E. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Vote PL Zip Vote Zip Zip Vote PL Zip Vote Zip Zip Vote Zip Zip Vote Zip Z
Suite, Apt. #, etc. Suite, Apt. #, etc. 10112007 REIN-P CR2E098 (1/07) City & State 4, FEI Number 75-3166165 Not Applicable Not Applicable 75-3166165 Not Applicable Reinstead Reinstea
City & State City & State of Status Desired \$8.75 Additional Fee Required \$8.
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERS, PAUL 205 AVENUE K. S.E. WINTER HAVEN, FL 33880 City FL Zip Gode 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 Signature, Typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DAIF FILE NOW/III FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PETERS, PAUL SIREET ADDRESS STREET
6. Name and Address of Current Registered Agent PETERS, PAUL 205 AVENUE K. S.E. WINTER HAVEN, FL 33880 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 Signature. Typed or printed name of registered agent and still if applicable FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PETERS, PAUL SIRET ADDRESS CITY-ST-2P WINTER HAVEN, FL 33880 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PETERS, PAUL SIRET ADDRESS CITY-ST-2P WINTER HAVEN, FL 33880 CITY-ST-2P Grange Addition NAME SIREET ADDRESS SIRE
PETERS, PAUL 205 AVENUE K. S.E. WINTER HAVEN, FL 33880 Sireel Address (P.O. Box Number is Not Acceptable) City FL Zip Sec City FL Zip Sec City FL Zip Sec In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. NAME SIREET ADDRESS CITY-ST-2P WINTER HAVEN, FL 33880 Oelete In accordance with s. 607.193(2)(b), F.S., the corporation of the c
Street Address (P.O. Box Number is Not Acceptable) City City FL Zip odde 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 Signature, Tyted or privated name of registered agent and offer displaced agent agent and offer displaced agent agen
Street Address (P.O. Box Number is Not Acceptable) City FL Zip 3608 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 Signature, typed or pinted name of registered agent and site if applicable FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE NAME SIREET ADDRESS OFFICERS AND DIRECTORS ITILE NAME SIREET ADDRESS
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 Signature. Typed or priced name of registered agent and still if applicable (NOTE: Registered Agent signature required when reinstating) DATE. FILE NOW!!! FEE IS \$150.00
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 Signature. Typed or priced name of registered agent and still if applicable (NOTE: Registered Agent signature required when reinstating) DATE. FILE NOW!!! FEE IS \$150.00
the obligations of registered agent. SIGNATURE Signature, typerd or printed name of registered algent and bitle if applicable FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PETERS, PAUL SIREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 ITILE NAME SIREET ADDRESS
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PETERS, PAUL SIREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STREET ADDRESS
After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PETERS, PAUL SIREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 Delete TITLE NAME SIREET ADDRESS
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1/ILE P
NAME
NAME STREET ADDRESS CITY-ST-ZIP PETERS, PAUL 205 AVENUE K. S.E. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STR
10/17/0701079-020 **150.00
NAME STREET ADDRESS STREET ADDRESS
STREET ADDRESS STREET ADDRESS
TITLE Delete TITLE Change Addition
NAME STREET ADDRESS REINSTATEMENT 1057
CITY-ST-ZIP CITY-ST-ZIP
TitlE ☐ Delete TitlE ☐ Change ☐ Addition NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME STREET ADDRESS STREET ADDRESS
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
ITLE Delete TITLE Change Addition
NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
12. I hereby certify that the information supplied with this thing 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 flustre 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 accurace with all other like empowered.
SIGNATURE: SIGNATURE SIGNATURE AND TYPE COMPANIETY NAME OF SIGNING OFFICER OR DIRECTOR Date Davis Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR