2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000162956

Entity Name: S.S. MISTER CORPORATION

FILED Apr 25, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4736 SW BIMINI CIRCLE 986 MAGNOLIA BLUFF DR PALM CITY, FL 34990 PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

4736 SW BIMINI CIRCLE 986 MAGNOLIA BLUFF DR PALM CITY, FL 34990 PALM CITY, FL 34990

FEI Number: 20-1967082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MISTER, LONNIE T MISTER, LONNIE T 4736 SW BIMINI CIRCLE 986 MAGNOLIA BLUFF DR PALM CITY, FL 34990 PALM CITY, FL 34990

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.

SIGNATURE: LONNIE MISTER 04/25/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MISTER, LONNIE T MISTER, LONNIE T Name: Name: 4736 SW BIMINI CIRCLE 986 MAGNOLIA BLUDD DR Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: Title: (X) Change () Addition () Delete

Name: MISTER, MELISSA M Name: MISTER, MELISSA M 4736 SW BIMINI CIRCLE Address: 986 MAGNOLIA BLUFF DR Address: PALM CITY, FL 34990 PALM CITY, FL 34990 City-St-Zip: City-St-Zip:

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.

SIGNATURE: LONNIE MISTER **PRES** 04/25/2008