## 2006 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P04000172539  1. Entity Name MATTHEW GARRY, INC.  |                                  |                           |  | FILED 06 MAY 16 PM 4: 26 |   |                               |                          |  |
|--|----------------------------------|---------------------------|--|--------------------------|---|-------------------------------|--------------------------|--|
| Principal Place of Business 5211 WENDAL STREET   |                                  |                           | ,  |                          | SECRETARY OF<br>ALLAHASSEE.                                       | STATE<br>FLORIDA              | engel H (gel             |  |
| 2. Principal Place of Business 3552 BRAEMAR STREET 3. Mailing Address 3552 BRAEMAR   |                                  |                           | T  |                          |   |                               |                          |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.              |                           |  | 404272006                | C REIN-P  | CR2E098 (11/65)               | -06                      |  |
| LAND O LAKES, FL   | City & State<br>LAND O LAKE      | S, FL                     |  | 4. FEI Numb<br>20-20     | )<br>73057  |                               | pplied For ot Applicable |  |
| Zip Country<br>34638   | <sup>Zip</sup> 34638             | Country                   | Country  |                          | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                               |                          |  |
| Name and Address of Current Registered Agent   |                                  |                           | 7. Name and Address of New Registered Agent Name                       |                          |   |                               |                          |  |
| GARRY, MATTHEW<br>5211 WENDAL STREET   |                                  |                           | GARRY, MATTHEW  Street Address (P.O. Box Number is Not Acceptable)     |                          |   |                               |                          |  |
| SPRING HILL, FL 34609  |                                  |                           | Street Address (P.O. Box Number is Not Acceptable) 3552 BRAEMAR STREET |                          |   |                               |                          |  |
|  |                                  | Cit                       | LAND O   | LAKES                    |   | FL Zio Ceo                    | 16<br>38                 |  |
| 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 according to the obligations of registered agent.  |                                  |                           |  |                          |   |                               |                          |  |
| SIGNATURE Y MALLOW JAMES Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                                  |                           |  |                          |   |                               |                          |  |
| Signature, typed or printed name of registered agent   | arm title if applicable. (NO)    | E: Registered Ager        | nt signature requir  | ed when reinstating      |   | DATE                          |                          |  |
| FILE NOW!!! FEE IS \$300.00  | :                                |                           |  |                          | In accordance with<br>corporation did not                         |                               |                          |  |
| 10. OFFICERS AND   |                                  | 11.                       |  | ADDITIONS,               | CHANGES TO OFFICE   |                               | i                        |  |
| NAME GARRY, MATTHEW  | ☐ Delete                         | TITLE<br>NAME             | 255  | 2 DDAEWA                 | D CHIDERAN  | K Change                      | Addition                 |  |
| STREET ADDRESS 5211 WENDAL STREET CITY-ST-ZIP SPRING HILL, FL 34609  | 5/1/2 / Since                    |                           |  | TAND O TARRE DE 24620    |   |                               |                          |  |
| TITLE  | ☐ Delete                         | TITLE                     |  | ···                      |   | Change                        | Addition                 |  |
| NAME<br>STREET ADDRESS   | ,)                               | NAME<br>STREET ADD        | RESS   |                          |   |                               |                          |  |
| CITY-ST-ZIP  | <u> </u>                         | CITY-ST-ZIF               | ,  |                          |   |                               |                          |  |
| TITLE NAME   | ☐ Delete                         | TITLE<br>NAME             |  | _                        | oooara  | Change                        | Addition Addition        |  |
| STREET ADDRESS CITY-ST-ZIP   |                                  | STREET ADD<br>CITY+ST-ZIF |  | 05/2                     | 000752<br>5/0601009-  | -008 **150                    | 00.00                    |  |
| TITLE NAME   | ☐ Delete                         | TITLE<br>NAME             |  |                          |   | ☐ Change                      | ☐ Addition               |  |
| STREET ADDRESS CITY-ST-ZIP   |                                  | STREET ADD                | I  | (D)                      | ၀၀၀၇52  | 18670                         |                          |  |
| TITLE  | ☐ Delete                         | CITY-ST-ZIF               |  | <u> </u>                 | <u>5/0601009-</u> -   | <u>~007 **150</u><br>□ Change | Addition                 |  |
| NAME<br>STREET ADDRESS   |                                  | NAME<br>STREET ADD        | RESS   |                          |   | _ •                           |                          |  |
| CITY-ST-ZIP  |                                  | CITY-ST-ZIF               |  |                          |   |                               |                          |  |
| TITLE<br>NAME  | ☐ Delete                         | TITLE                     |  |                          |   | ☐ Change                      | Addition                 |  |
| STREET ADDRESS   |                                  | STREET ADD                | l l  |                          |   |                               |                          |  |
| CITY-ST-ZIP  12. I hereby certify that the information supplied with   | this filing does not qualify for | CITY-ST-ZIF               | ns contained   | in Chapter 119           | ). Florida Statutes 1 fort  | ther certify that the in      | nformation               |  |
| 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 empowered. |                                  |                           |  |                          |   |                               |                          |  |
| SIGNATURE: X MATTHEW GARRY X 5/1/06  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daysing Proces #   |                                  |                           |  |                          |   |                               |                          |  |