2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000019097 1. Entity Name RITTERWORKS, INC.							FILED			
RIIIERW	INC.					07 OCT -3 PM 3: 27			7	
Principal Place of Business			Mailing Address				STONE LANT OF STATE			
825 CENTER STREET 49D			825 CENTER STREET 49D					TALLAHASSEI	E, FLORID)Д
JUPITER, FL 33458 US 2. Principal Place of Business - No P.O. Box #			JUPITER, FL 33458 US							
		3. Mailing Address					VSIATEMEN			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				N B 12			
City & State			City & State			· · · · · · · · · · -	4. FEI Numb 20-337		No	oplied For ot Applicable
Zip	Country		Zip			try	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				
RITTER, KEITH R D 825 CENTER ST.				Street Address			P.O. Box Number is Not Acceptable)			
49D JUPITER, I	FL 33458									
						FL Zip Code				
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. Vipod or printed herite of registered agent and title if applicable. (NOTE: Registered Agent algorature required when retratating) DATE										
FILE NOWIN FEE IS \$150.00								In accordance with a 60	07.402/2\/b\	F.S. #ba
After January 1, 2008, Fee will be \$300.00								In accordance with s. 66 corporation did not rece		
10.	r'	OFFICERS AND			11,		ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME	D RITTER, I	☐ Delete	ete TTTLE NAME				Change	Addition		
STREET ADDRESS CITY-ST-ZIP	825 CEN	TER STREET, 49D , FL 33458	STREE			ET ADDRESS - ST-ZIP				
TITLE	_ *****				TITLE				Change	Addition
NAME STREET ADORESS	STR				STRE	E Et adoress	2 00110235332 10/03/0701037010 **158,75			
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STREET ADDRESS					STRE	et address				
CITY-ST-ZIP TITLE		- 1 -		Delete	TITLE	-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS					NAME	E Et address				
CITY-ST-ZIP				<u>-</u>		-ST-ZIP				
TITLE NAME			[□ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREE	ET ADORESS - ST-ZIP				
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 atta	achment with an address,	with all other like	empowered.	. royull	ou by Grapter 607	, runda Sibili			!
SIGNATURE: 9-28-07 561-262-6502 SIGNATURE: Date Description Provide Pr										