2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED DÓCUMENT # P05000054029 06 SEP 21 PM 1:41 1. Entity Name CAMELOT PHASE IV INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address PO BOX 3444 PO BOX 3444 TALLAHASSEE, FL 32315 TALLAHASSEE, FL 32315 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 09202006 REIN-P CR2E098 (11/05) City & State City & State Applied For 4. FEI Number '00-0000000-Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPELAND, DAVID B Street Address (P.O. Box Number is Not Acceptable) 4240 RABBIT POND RD TALLAHASSEE, FL 32309 City Zip Code FL 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 onligations of registered agent SIGNATURE. gratural typed or or nited name of registered agent and life if approache. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 Delete TITLE Change Addition 31.0 COPELAND, DAVID B MAL! NAME 600080228286 4240 RABBIT POND RD. STREET ADDRESS STREET ADDRESS 09/27/06--01053--017 CHIY ST 219 TALLAHASSEE, FL 32309 CITY-S1-ZP Delete ☐ Change HOL TITLL Addition COPELAND, CHRISTOPHER P NAME W/Mi REINSTATEMENT STREET ADDRESS 3208 ROBINHOOD RD. STREET ADDRESS CITY-S1-ZIP 201Y-ST-2'P TALLAHASSEE, FL 32312 Detete Change Addition IILE TITLE NAME NAME STREET ADDRESS STREET ADJRESS CI1Y-\$1-2P CHY SI JP □ Delete ☐ Change ■ Addition TILL THEF NAML MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST ZP Delete TITLE Change Addition 1Π,ξ "IAME NAME STRUCT ADDRESS STREET ADDRESS JEY ST ZP CITY-ST-ZIP ☐ Delete ☐ Change THE Addition THE 95 ML MAME STHELT ADDRESS STREET ADURESS CITY-ST-ZIP DITY ST ZP 12. Thereby certify that the information supplied with this filling 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 phaddress, with all other like empowered.

Daytime Phone #