2009 FOR PROFIT CORPORATION REINSTATEMENT

| | KEINƏ | AIEMENI | | | | | | | | |
|--|--|--|-------------------------|--|---|---|-----------------------------------|--------------------------|-------------------------|--|
| 1. Entity Nam | MENT # P05000082 | | ·DI | FILE SECRETARY (VISION OF COR | O OF STATE PROPOSITION | ذ ر | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 4960 HWY | 4960 HWY 90 | - | | | ,09 JUL -2 PM 12: 04 | | | | | |
| PACE, FL 32 | | PACE, FL 32571 | | | · | | 11 / Jan 19 14 | | | |
| | | | | | 1 (55)(65) (6) | | **** | | (IBB) (I (BB) | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | |
| | | _ | | | | 4.01 Pill) SPIII BBIII \$4111 | | .ami ir a 6 3 (61 | (BB) | |
| Suite: Apt. | #, etc. | Suite, Apt. #, etc. | | | 05012009 | 05012009 REIN-P CR2E098 (1/07) | | | | |
| City & State | | City & State | City & State | | 4. FEI Number 20-2962 | | | - | plied For | |
| Zip Country | | Zıp | Zip Coun | | 5. Certificate of Status Desired \$8.75 | | .75 Add | litional | | |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | | 7 Name and A | Address of New Re | | Required | 1 | |
| | o. Hame and Address of Carren | Name | 7. Walle and A | didress of Hew Re | Bistaled Wilei | ıı | | | | |
| POLLARD, PAMELA | | | | | | | | | | |
| 4960 HWY 90 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PACE, FL 32571 | | | | | | | | | | |
| | | | | City Zip Code | | | | | | |
| | | | | | | | r L | • | | |
| 8. The above | named entity submits this statement fittings of registered agent. | or the purpose of changing its | s registere | ed office or regist | tered agent, or both | , in the State of Flor | rida. I am fami | liar with, | and accept | |
| | (0) | -200 | . W | | | | | | | |
| SIGNATURE. | Signature: typed or printed harr a of registered agent | JULYU | | | uired when reinstating) | | [MIE | | | |
| FII | LE NOW!!! FEE IS \$900.00 | | | | | | _ | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | CHANGES TO OFFIC | | | | |
| TITLE | P | ☐ Delete | TITLE | | | /03-1581 /03-1583 | 9 | Change | Addition | |
| NAM! | POLLARD, PAMELA | | NAM | · | 70 | 児上記記 む | | :900.C |)() | |
| STREET ADDRESS CHY+ST-ZP | 4960 HWY 90 PACE, FL 32571 | | | ET ADDRESS -ST-ZIP | 07702 | 70301000 | (J) (J) (L) | | | |
| | S S | | | | | · | | | | |
| NAME | JACKSON, JOSHUA M | ☐ Delete | TITLE NAMI | | | | L | Change | Addition | |
| STREE - ADDRESS | 4960 HWY 90 | | | ET ADDRESS | | | | | | |
| CHY ST-7P | PACE, FL 32571 | | CITY | -ST-ZIP | | | | | | |
| HTGE | | ☐ Delete | TITLE | | | | | Change | Addition | |
| NAMÉ | | | NAM | <u> </u> | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | . 1 | | | | |
| Cilv-SI-ZiP | | | | -ST-ZIP | | | 1,5 | | | |
| TITLE | | ☐ Delete | TITLE | 1 | \bigcirc | ///// | リレロ | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME | ET ADDRESS | (12 | · \ - | 1 1 | | | |
| City-ST-ZIP | | | | -ST-ZIP | 4 | `\ | 1 1 | | | |
| Title | | ☐ Delete | TITLE | | TATSIAIS | LASEAT | XX ~ (3) | Change | Addition | |
| NAME | | L Delete | NAME | . N | einstat | PHASE IA F | <u> </u> | ou d uñe | Addition | |
| STREET ADDRESS | | | STRE | ET ADDRESS | | - | A | | | |
| CITY - ST - ZIP | | | CITY- | ST-ZIP | | | | | | |
| Tiff of | | ☐ Delete | TITLE | | | | | Change | Addition | |
| NAME | | | NAME | : | | | | - | _ | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | ST-ZIP | | | | | | |
| 12. Thereby of indicated | certify that the information supplied with on this report or supplemental report is | n this filing does not qualify for strue and accurate and that i | or the exe my signat | mptions containe ure shall have the | ed in Chapter 119, I e same legal effect | Florida Statutes, I fu as if made under or | urther certify thath; that I am a | at the inf | ormation or director | |

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 or required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an autochment with an address, with all other like empowered.

SIGNATURE:

GNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 24-09</u>

850-995-0656