2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0500008719 1. Entity Name ELEVEN 11, INC.	96		FILED 07 AUG 13 PM 2: 03
I	Mailing Address P.O. BOX 1221 OLDSMAR, FL 34677	—US—	TOTATE THAT TEST FLARIDA
2. Principal Place of Business - No P.O. Box # 3 2601 With Hey Ave Suite, Apt. #, etc.	. Mailing Address Same as Suite, Apt. #, etc.	2	OPEINSTATEMENT OF THE OPERATION OF THE O
Palm Harbor Fl. Zip Country 34685 USA	City & State Sane as Zip	Country	4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current Reg	istered Agent	Name	7. Name and Address of New Registered Agent
JONES, MICHAEL 8902 N DALE MABRY HWY STE 102 TAMPA, FL-33614		26	dress (P.O. Box Number is Not Acceptable) Of Wiffly And
The above named entity submits this statement for the	purpose of changing its	City Pal s registered office or re	m Harbor FL Zip Code 34685 egistered agent, or both, in the State of Florida. Jam familiar with, and accept
the obligations of registered agont. Signature. Typed or printed name of registered agent and at	m/ le il applicablo. (NOT	Charl Jon E: Registered Agent signatur	us Pros. 8/6/07 re required when reinstating) DATE
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME JONES, MICHAEL	☐ Delete	NeME	P, T, VP, S, D
STREET ADDRESS P.O. BOX 1221- CITY-ST-ZIP OLDSMAR; FL 34677		STREET ADDRESS 6	2601 Witley Ave Palm Harbor, Fl. 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME S-REET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated on this report or supplemental report is true of the corporation or the receiver affrustee ampower changed, or on an attachment with an address, with	e and accurate and that ed to execute this report all other like empowered	my signature shall hav t as required by Chapt I.	ntained in Chapter 119, Florida Statutes, I further certify that the information we the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Deviate Phone *			