2007 FOR PROFIT CORPORATION REINSTATEMENT

| 1. Entity Nam EVERDO | | | | | | | | | |
|---|---|--|---|--|---|--------------------------------------|---------------------------|-------------------------------------|--|
| | | | 1000 | <i>y</i> | 2007 MAY - | 4 PM 12: | : 22 | | |
| Principal Place 110 SW 5TH STUART, FL | | Mailing Address 110 SW 5TH STREET STUART, FL 34994 | | | SECRETAR TALLAHAS | RY OF STA SEE.FLO | ATE IRIDA | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address B528 SW Kansas Ave | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 04302007 | REIN-P | CR2E098 | 3 (1/07) | | |
| City & State City & State City & State | | | | 4. FEI Number 4/3 - | 208494 | 8 | <u> </u> | olied For Applicable | |
| 2ip 3499 | Country USA | Zip | Country | | f Status Desired | □ \$8 | 3.75 Addi Required | | |
| | 6. Name and Address of Current | Registered Agent | Nama | 7. Name and A | Address of New Re | egistered Age | nt | - | |
| JERNER, BRUCE 110 SW 5TH STREET STUART, FL 34994 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | City | | | FL | Zip Code | , | |
| | named entity submits this statement for | r the purpose of changing its re | gistered office or reg | istered agent, or both | , in the State of Flo | | iliar with, a | and accept | |
| SIGNATURE. | Bruce Jerner Signature, typed or preted name of registered agent is | X /_ | | 4/3 | 0/07 | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent is | and trie if applicable. (NOTE: F | Registered Agent signature r | required when reinstating) | 171 | DATE | | | |
| FI | LE NOW!!! FEE IS \$900.00 | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/C | HANGES TO OFFI | CERS AND DI | RECTORS | IN 11 | |
| TITO C | | □ • | 7171.6 | | | | Change | Addition | |
| TITLE NAME | P JERNER, BRUCE | ☐ Delete | TITLE NAME | | n 5t. | / | Change | Addition | |
| | ⁻ | ☐ Delete | MANAGE | | n 5t. | / | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | JERNER, BRUCE 4111 NE CHERI DR JENSEN BEACH, FL 34957 | ☐ Defete | NAME STREET ADDRESS CITY-ST-ZIP TITLE | 10 S.W. 5t Stvant, t | n 5t. Z 349° | 74 | Change Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | JERNER, BRUCE 4111 NE CHERI DR JENSEN BEACH, FL 34957 | ☐ Defete | NAME STREET ADDRESS CITY-ST-ZIP | | n 5t. Z 349° | 74 | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | JERNER, BRUCE 4111 NE CHERI DR JENSEN BEACH, FL 34957 | Delete Delete Delete Delete Delete Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10 S,W. 5 ⁻⁴ Stvan + , t 31 05/24, | Florida Statutes. If as if made under o | outher certify the after that I am a | Change Change Change | Addition Addition Addition Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | JERNER, BRUCE 4111 NE CHERI DR JENSEN BEACH, FL 34957 POGET BOSET 8528 SW KONSUS STONEY, FL 34 certify that the information supplied with ton this report or supplemental report is poration or the receiver or trustee emporor or on an attachment with an address of the control of the receiver or trustee emporor or on an attachment with an address of the control of the receiver or trustee emporor or on an attachment with an address of the control of the receiver or trustee emporor or on an attachment with an address of the control of the receiver or trustee emporor or on an attachment with an address of the control of the receiver or trustee emporor or on an attachment with an address of the control | Delete Delete Delete Delete Delete Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE COMMITTED THE THE COMMITTED THE | 10 S,W. 5 ⁻⁴ Stvan + , t 31 05/24, | Florida Statutes. If as if made under o | outher certify the after that I am a | Change Change Change | Addition Addition Addition Addition | |