2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000132889

City-St-Zip:

FILED Mar 30, 2008 Secretary of State

Entity Name: M.R. CAVENDISH CORPORATION Current Principal Place of Business: New Principal Place of Business: 1460 AVONDALE AVENUE JACKSONVILLE, FL 32205 US **Current Mailing Address: New Mailing Address:** 1460 AVONDALE AVENUE JACKSONVILLE, FL 32205 US FEI Number: 20-3581799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAVENDISH, MR CAVENDISH, M R 201 N. HOGAN STREET 225 WATER STREET SUITE 400 SUITE 1750 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US 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. SIGNATURE: M.R. CAVENDISH 03/30/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CAVENDISH, M R Name: Name: 1460 AVONDALE AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: VΡ Title: (X) Change () Addition () Delete CAVENDISH, TH Name: CAVENDISH, M L Name: 1460 AVONDALE AVENUE 1460 AVONDALE AVENUE Address: Address: JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: CAVENDISH, C J Name: 1460 AVONDALE AVENUE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

JACKSONVILLE, FL 32205

Ρ SIGNATURE: M.R. CAVENDISH 03/30/2008