2007 FOR PROFIT CORPORATION
REINSTATEMENT

REINSTATEMENT					FILE -			
DOCUMENT # P05000138020				07	FILED			
RELIANCE MUTUAL GROUP, INC.				SEC	APR 16 AH I	0: 59		
Principal Place of Busin	229	Mailing Address		一 IALL	AHASGEETES	TATE		
401 STRATHAVEN COURT		401 STRATHAVEN COURT			" IOULE, FL	ORIDA		
LUTZ, FL 33549		LUTZ, FL 33549		KEIN	$16 \pm \sqrt{1}$	EN ATTAK	- 11-1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092007	RÉIN-P	CR2E098 (1/07)	<u></u>	
City & State		City & State		9. FEI Number	er 	Applied For Not Applicable		
Zip	Country	Zip	Country		of Status Desired	See Required		
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
BENNIEFIELD, JO 401 STRATHAVE			Street Addres	s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
LUTZ, FL 33549				· · · · · · · · · · · · · · · · · · ·				
			City			FL Zip Code	1	
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 obligations of registered agent.								
SIGNATURE Colonie C. Bild 4-9-07								
Signature, t	ped or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating	, , , , , , , , , , , , , , , , , , ,	DATE		
cFILE NOWIII FEE IS \$300.00						ith s. 607.193(2)(b), F ot receive the prior n		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTORS	SIN 11	
TITLE P, S		☐ Delete	TITLE			Change	☐ Addition	
			NAME STREET ADDRESS					
70 TO TO THE TO STATE OF THE TOTAL STATE OF THE TOT			CITY-ST-ZIP					
TITLE		□ Delete	TITLE			☐ Change	Addition	
NAME			NAME	200101396062				
STREET ADDRESS			STREET ADDRESS	200101396062 05/03/0701029022 **300.00				
CITY-ST-ZIP		П	CITY-ST-ZIP				☐ Addition	
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CITY-ST-ZIP		d. Al-1- 201- d	CITY-ST-ZIP	and in Observer 44	Clasido Statuta 14	in without powlife about the time	formation	
12. I hereby certify that the information supplied with this filing 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 an address, with all other, like expowered.								
SIGNATURE X JUL (31/18) 4-9-07 813-493-							7187	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 9								
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