

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000145360

1. Entity Name
EDV ACQUISITIONS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 PM 5:04

Principal Place of Business
305 S.W. 53RD STREET
OCALA, FL 34474

Mailing Address
305 S.W. 53RD STREET
OCALA, FL 34474

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10262006

REIN-P

CR2E098 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVIER, JOHN D
C/O ICARD MERRILL ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name John D. Olivier
Street Address (P.O. Box Number is Not Acceptable)
96 Endvision Development Group
1819 Main Street, Suite 400
City Sarasota FL Zip Code 34234

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME BACHRODT, CRAIG ☐ Delete
STREET ADDRESS 3055 S.W. 53RD STREET
CITY-ST-ZIP Ocala, FL 34474

TITLE
NAME ~~BREWER, BRYAN~~ ☒ Delete
STREET ADDRESS ~~3055 S.W. 53RD STREET~~
CITY-ST-ZIP ~~OCALA, FL 34474~~

TITLE
NAME VP OLIVIER, JOHN D ☐ Delete
STREET ADDRESS 3055 S.W. 53RD STREET
CITY-ST-ZIP Ocala, FL 34474

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 800081824228 ☐ Change ☐ Addition
STREET ADDRESS 11/15/06--01047--012 **150.00
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PRESIDENT John D. Olivier ☒ Change ☐ Addition
STREET ADDRESS 1819 Main Street, Suite 400
CITY-ST-ZIP Sarasota, FL 34234

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/06 941-363-0634
Date Daytime Phone #