

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000018349

FILED
Jan 02, 2008
Secretary of State

Entity Name: BOONE IMPROVEMENTS, INC.

Current Principal Place of Business:

15600 SW 288TH STREET
SUITE 401
HOMESTEAD, FL 33033

New Principal Place of Business:

50 SE KINDRED STREET
SUITE 303
STUART, FL 34957

Current Mailing Address:

15600 SW 288TH STREET
SUITE 401
HOMESTEAD, FL 33033

New Mailing Address:

50 KINDRED STREET
303
STUART, FL 34957

FEI Number: 20-4392649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEST, JAMES M
15600 SW 288TH STREET
SUITE 401
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

GUEST, JAMES M
15600 SW 288TH STREET
SUITE 303
STUART, FL 34957 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: JAMES GUEST

01/02/2008

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:

Title: PVST () Delete
Name: BOONE, RYAN
Address: 15600 SW 288TH STREET #401
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Delete
Name: BOONE, RYAN
Address: 15600 SW 288TH STREET #401
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: BOONE, RYAN
Address: 50 KINDRED STREET
City-St-Zip: STUART, FL 34957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RYAN BOONE

PRES

01/02/2008

Electronic Signature of Signing Officer or Director

Date