2008 FOR PROFIT CORPORATION REINSTATEMENT

THED **DOCUMENT # P06000028558** 08 MAR 27 PM 3:00 INT'L BUSINESS GROUP, INC. JECKETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 280 GULF BLVD 280 GULF BLVD BELLEAIR SHORES, FL 33786 BELLEAIR SHORES, FL 33786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3550 Corporate War 2052 Ben FRANKLIN DR Suite, Apt. #, etc. Suite, Apt. #, etc. Unit 201 SHITE 4. FEI Number 20-4390716 City & State City & State Applied For Dulata SARASOTA Not Applicable Zip 3 0096 Country Country \$8.75 Additional 5. Certificate of Status Desired SARASOTA Gwinnett 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE, FL 32301 City Zip Code 8. The above named entity submyts 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 age **SIGNATURE** FILE NOW!!! FEE IS \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11, 10. 0 TITLE TITLE X Change ☐ Addition ☐ Delete DORHAN, JAMES DORNAN, JAMES NAME NAME 2052 Ben Franklin Dr unit 201 280 GULF BLVD. STREET ADDRESS STREET ADDRESS SAMSON, FL 34236 CITY-ST-ZIP BELLEAIR SHORES, FL 33786 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE DORNAN, NANCY NAME NAME DURNAN HANCY 2052 Ben Franklin De Unit 201 STREET ADDRESS 280 GULF BLVD. STREET ADDRESS SARASOTA BELLEAIR SHORES, FL 33786 CITY-ST-ZIP CITY-ST-ZIP 34236 ۴L ☐ Defete ☐ Change ■ Addition **500118926145** 02/27/08--01023--025 ***90 NAME NAME STREET ADDRESS STREET ADDRESS **900.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change · '☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP d with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied indicated on this report of supplemental re of the corporation or the receiver or truste ner like empowered. 2-1r08 SIGNATURE: G OFFICER OR DIRECTOR Daytime Phone