2008 FOR PROFIT CORPORATION REINSTATEMENT

2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10292008 REIN-P CR2E098 (1/07) City 8 State City 8 State 4. FEI Number 20-4254483 Applied F Not Appl	1. Entity Nam	MENT #-P06000031		08 KOV -3 PN 1:08				
Suite, Apt. #, etc. Suite, Apt. #, etc. 10292008 REIN-P CR2E098 (1/07)	11397 TAMIAMI TRAIL EAST		11397 TAMIAMI TRAIL EA	11397 TAMIAMI TRAIL EAST		EDRETARY OF STATE FALLAHASSEE, FLORIDA		
City & State Country City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL City F	2. Principal F	Place of Business · No P O. Box #	3. Mailing Address	Mailing Address				
Zip Country Signature and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 act the obligations of registered agent. SIGNATURE Superiors, pprod or parted tame of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE	Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		REIN-P	CR2E098 (1/07	7)
5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST. ONGE, MICHAEL 11397 TAMIAMI TRAIL EAST NAPLES, FL 34119 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 act the obligations of registered agent. SIGNATURE Signature, types or private ratio of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS S	City & State		City & State	City & State			<u> </u>	Applied For Not Applicable
ST. ONGE, MICHAEL 11397 TAMIAMI TRAIL EAST NAPLES, FL 34119 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 act the obligations of registered agent. SIGNATURE Signature, types or perfect and office and arrespondent and this Applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113	Zip	Country	Zip	Country	5. Certificate	of Status Desired		
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NAPLES, FL 34119 City FL Zip Code 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 act the obligations of registered agent. SIGNATURE Signature, typed or purpor name or registered agent are table at applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	ST. ONGE, MICHAEL							
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12. Thereby 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 directly 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 changed, or on an attachment with an address, with all other like amprived.	وأراهما المسا	من ومحمد المفسم المساور المساور والمساور والمشاور والمأوات والمار	true and annuesta and that me	colonostero oboli botto the	a anno local attac	on it made wader	anthe that I am an attic	or or diroota-
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