2007, **2008 FOR PROFIT CORPORATION**
2009 **REINSTATEMENT**

FILED
09 AUG 19 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400155587564
05/29/09--01018--012 **150.00

DOCUMENT # P06000078407

1. Entity Name
AVMAR, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3481 CLEARWATER, FL 33767 US	P.O. BOX 3481 CLEARWATER, FL 33767 US

04092008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2430 Estancia Blvd		2430 Estancia Blvd	
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33761	Country US	Zip 33761	Country US

4. FEI Number 20-5075551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOUNTAIN, BRANDON L
126 BUENA VISTA DRIVE S
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name Scourtas, Louis C.
Street Address (P.O. Box Number is Not Acceptable) 2430 Estancia Blvd
Suite 108
City Clearwater FL Zip Code 33761

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] 4-30-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOUNTAIN, BRANDON L P.O. BOX 3481 CLEARWATER, FL 33767 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 460262 Ft. Lauderdale, FL 33346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4/17/08 01049 006 300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Pres. 4/3/09 727-443-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brandon L. Mountain DATE Daytime Phone #

T. Lewis 8/20/09