## 2009 FOR PROFIT CORPORATION REINSTATEMENT

Maining Address    Maining Address   Maining Add	DOCUMENT # P06000079315  1. Entity Name KATHLEEN R. GARRETT, INC.							SECRETARY OF STATE DIVISION OF CORPORATIONS  09 MAY 19 PM 12: 02				
Surie. Apl. #, etc.    Surie. Apl. #, etc.	100A BISCAYNE AVE.			1	100A BISCAYNE AVE.							
City & State  Ci	Principal Place of Business - No P O. Box # 3.				Mailing Address							
2. Doubly 2p Country S. Certificate of Status Desired S. S. 17 Addition Fee Registered Agent S. Certificate of Status Desired S. S. 17 Additions Fee Registered Agent T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Fee Registered Agent T. Name and Address of New Registered Agent Fee Registered Agent T. Name Address of New Registered Agent Fee Registered Agent T. Name and Address of New Registered Agent Fee Registered Agent T. Name and Address of New Registered Agent Fee Name Address of New Registered Agent T. Name and Na	Suite, Apt. #, etc.				Suite, Apt. #, etc.			05132009	REIN-P	CR2E	E098 (1/0 <b>7</b> )	
S. Name and Address of Gurrent Registered Agent  6. Name and Address of Gurrent Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address (P.O. Box Number is Not Acceptable)  City  FL Zgr Code  8. The Address of New Registered Agent  City  FL Zgr Code  8. The Address of New Registered Agent  City  FL Zgr Code  8. The Address of Registered agent.  9. T	City & State				City & State			1				
S. Name and Address of Current Registered Agent  Alame  GARRETT, KATHLEEN 100 A BISCANNE AVE.  TAMPA, FL 33606  To above named entily submits this statement for the outpose of changing its registered office or registered agent, or both, in the Siste of Florids. Lam familiar with, and except into obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  TO. OFFICERS AND DIRECTORS  11. ADDITIONS/CH-ANGES TO OFFICERS AND DIRECTORS IN 11  III.E  GARRETT, KATHLEEN  STREET ADDRESS  OTH ST.DP  III.E  MAKE  STREET ADDRESS  OTH ST.DP  III.E	Zıp	Country			Zip Count		itry				\$8.75 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonds. I am familier with, and accept the originators or registered agent, or both, in the State of Flonds. I am familier with, and accept the originators or registered agent, or both, in the State of Flonds. I am familier with, and accept the originators or registered agent, or both, in the State of Flonds. I am familier with, and accept the originators or registered agent, or both, in the State of Flonds. I am familier with, and accept the originators or registered agent with a familier with, and accept the originators.  SIGNATURE  SIGNATURE  CALLLE ARACH  SIGNATURE  CALLE ARACH  SIGNATURE SQUARE Agent signature registered agent with a face agent with a face accept agent with a face accept agent agent with a face accept agent age		6. Name	i and Address of Cui	rent Regis	stered Agent	l		7. Name and	d Address of New R	egistered		
Street Address (P.O. Box Number is Not Acceptable)  TAMPA, FL 33606  City  FL  Zip Code  8. The above named entity submits this statement for the outpose of changing its registered algorit or both, in the State of Florida. I am flamater with, and acceptating chingstons of registered agent.  SIGNATURE  STREET ADDRESS  FILE NOW!!! FEE IS \$300.00  In accordance with a, 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  ITIE  PST  GARRETT, KATHLEEN  SIREST ADDRESS  SIRE	GARRETT	. KATHLE	EEN				Name					
8. The above named entity submits this statement for the ourpose of changing its registered affice or registered agent, or both, in the State of Florida. I am flamidar with, and accept the obligations or registered agent.  SIGNATURE    Change   Addition	100 A BISCAYNE AVE.						Street Address	(P.O. Box Numb	per is Not Acceptable	ə) 		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept that displaces or registered agent, or both, in the State of Florida. I am familiar with, and accept that of the displaces of registered agent, or both, in the State of Florida. I am familiar with, and accept that the displaces of registered agent, and the state of Florida. I am familiar with, and accept that the displaces of Florida. I am familiar with, and accept that the property of Florida and the state of Florida. I am familiar with, and accept that the property of Florida and the state of Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with, and accept that the property of Florida and Florida. I am familiar with an accept that the property of Florida and Florida and Florida. I am familiar with, and accept the property of Florida Statutes. I further certify that the property of Florida Statutes and that my new appears in Block to or Bloc							Čity			Ei	Zip Coc	le
SIGNATURE    Cathories   Catho	8. The above	named enti	ly submits this statem	ent for the	ourpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo		familiar with,	and accept
FILE NOW!! FEE IS \$300.00  10. OFFICERS AND DIRECTORS	the obligations of registered agent.											
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET												
ITILE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	FILE NOW!!! FEE IS \$300.00								corporation did	not receiv	e the prior	notice.
NAME SIREE ADDRESS CITY-ST-2P TAMPA, FL 33606  Delete  IIILE NAME SIREE ADDRESS CITY-ST-2P  IIILE NAME SIREE ADDRESS CITY-		PST	OFFICERS	AND DIRE			<u> </u>	ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE Delete DORESS STREET ADDRESS STREET ADDRES	NAME STREET ADDRESS	GARRETT, KATHLEEN 100 A BISCAYNE AVE.					EET ADDRESS				□ cusuye	Addition
CITY-ST-ZIP    IIILE		1ANICA,			☐ Delete	_		~			Change	Addition
CITY-ST-ZIP    IIILE							- I	05/197	0901018 <b>-</b>	ეცყ -005	≀ <del>4</del> r″ **300,	.00
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE CITY-ST-ZIP  TITLE Delete TITLE CITY-ST-ZIP  TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME S	CITY-ST-ZIP					CITY	-ST-ZIP			1	1	
CITY-ST-ZIP  TITLE  MAME SIRREI ADDRESS CITY-S	ļ				☐ Delete	1	<b>I</b>	(	125	120	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TILLE NAME STREET ADDRESS CITY-ST-ZIP C								,	(C) (K		1 1	
STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TO change Addition NAME STREET ADDRESS CITY-SI-ZIP  TO change Additi	]				☐ Delete		<b>I</b>		X - 0	<del>                                     </del>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12.   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.	STREET ADDRESS					STRE	ET ADORES	INST	ATEN	1EI	1I	
STREET ADDRESS CITY-ST-ZIP  TILLE NAME STREET ADDRESS CITY-ST-ZIP  12.   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.					☐ Delete	1					☐ Change	Addition
TILLE  NAME  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.	STREET ADDRESS					STRE	ET ADORESS					
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.					Delete	-					Change	☐ Addition
CITY-SI-ZIP  12. I hereby certify that the information supplied with this filling 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.							·					_
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.						- 1	1					
SIGNATURE: Kath/een banett 5/13/09 (813) 493.8822	indicated of the cor	i on this reportion or :	ort or supplemental rep the receiver or trustee	oort is true empowere	and accurate and that r d to execute this report	ny signa as requi	ture shall have the	ı same legal effe	ct as if made under	oath; that I	am an officer	r or director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daving Proce #	SIGNAT	URE: _	Kath Lee	D OR PRINTEI	ML++	OR DIRECT	TOR		5/13/09 Date	(81)	493.8	822