2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000080457

Entity Name: MN UNLIMITED INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9150 LEM TURNER ROAD 2144 SOUTEL DR.

JACKSOVNILLE, FL 32208 US JACKSOVNILLE, FL 32208 US

Current Mailing Address: New Mailing Address:

9150 LEM TURNER ROAD 2144 SOUTEL DR.

JACKSOVNILLE, FL 32208 US JACKSOVNILLE, FL 32208 US

FEI Number: 20-5036429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVANO, MICHAEL SILVANO, MICHAEL 9150 LEM TURNER ROAD 2144 SOÚTEL DR.

US JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 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: MICHAEL J. SILVANO 01/07/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition

SILVANO, MICHAEL SILVANO, MICHAEL Name: Name: 9150 LEM TURNER ROAD Address: 2144 SOUTEL DR. Address:

City-St-Zip: JACKSONVILLE, FL 32208 US City-St-Zip: JACKSONVILLE, FL 32208 US

() Delete Title: VΡ Title: VΡ (X) Change () Addition

SILVANO, NICOLE Name: SILVANO, NICOLE Name: 9150 LEM TURNER ROAD Address: 2144 SOUTEL DR. Address:

JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32208 US City-St-Zip: 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.

VΡ SIGNATURE: NICOLE SILVANO 01/07/2009