2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT											
DOCUMENT # P06000102210 1. Entity Name MARK BALLINGER COMPANY INC.							FILED 08 NOV -3 AM 10: 25				
								08 400	IV OF STAT	ñ n	
Principal Place 302 BERNAR JACKSONVILL	D ROAD		302 BERNA	Mailing Address 302 BERNARD ROAD JACKSONVILLE, FL 32218 US			08 NOV -3 ATTIO SEUNE JAMY OF STATE SEUNE JAMY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA				
2. Principal Pl	lace of Busin	ess - No P.O. Box #	3. Mailing Ad	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.			10272008	REIN-P	CR2E098 (1/07)		
City & State	9		City & State	City & State			4. FEI Number 45-0544	n25	▶† -	pplied For ot Applicable	
Zip Country			Zip	Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	
	6. Name	and Address of Curren	t Registered Age	legistered Agent			7. Name and Address of New Registered Agent				
DALLINGED MARKE						Name					
BALLINGE 302 BERN JACKSON			Street Address (P.O. Box Number	is Not Acceptable)					
JACKSON	VILLE, I L	322 10									
						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 accept the obligations of registered agent.											
SIGNATURE Signature, ryped or printed name of registered again title if applicable. (MOTE: Registered Agent alignature required when releastating) DATE											
FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the											
		09, Fee will be \$300.	00			corporation did r	not receive the prior	notice.			
10.		OFFICERS AND			11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	IS IN 11	
TITLE NAME	P Delete TITLE BALLINGER, MARK F								Change	Addition	
STREET ADDRESS	302 BERNARD ROAD STI					ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32218					ST-ZIP			Chance.	Addition	
TITLE NAME	_				TITLE NAME						
STREET ADDRESS	I •					FT ADDRESS SIZE PORT PROPERTY AND PROPERTY A					
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NAME			_		NAME				- 010	J	
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TITLE				Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS					NAME	T ADDRESS	DEIN	C Tr A Tr			
CITY-ST-ZIP					CITY-S	ST- ZIP	XEII	STAT	EMEN	1	
TITLE			C	Detete :	TITLE				Charine	Addition	
NAME Street address					NAME STREET	T ADDRESS			200	'/h L	
CITY-ST-ZIP					CITY-S	ST-ZIP				$\mathcal{A}\mathcal{A}\mathcal{A}$	
TITLE NAME				Delete	TITLE NAME				Change	Addition	
STREET ADDRESS					STREE	T ADDRESS	\			(1)	
CITY-ST-ZIP	portify that the	e information equalized	th this filing does	not qualify for the	CITY-S		t in Chanter 110	Florida Statutos II	further certify that the	information	
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: MATCH BANNAGE 10/28/08 904-759-1510											