2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000106632

Entity Name: FICTION AVE., INC

FILED Sep 12, 2008 Secretary of State

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

4320 DEERWOOD LAKE PARKWAY SUITE 101, # 504 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

4320 DEERWOOD LAKE PARKWAY 4131 CROWNWOOD DR SUITE 101, #504 JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

CHARLES, MIRENE D JOHNATHAN, DEAUGUST 4131 CROWNWOOD DR 405 N.W. 19TH LN MIAMI, FL 33136 JACKSONVILLE, FL 32216 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: JOHNATHAN DEAUGUST 09/12/2008

> 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:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition DEAUGUST, JOHNATHAN DEAUGUST, JOHNATHAN Name: Name: 4320 DEERWOOD LAKE PARKWAY Address: 4131 CROWNWOOD DR Address: City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: JACKSONVILLE, FL 32216 US

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

DEROSENEY, PRISCILLA Name: Name: PAUL. ROCHESTER

6524 SW 8TH PLACE 4320 DEERWOOD LAKE PARKWAY SUITE 101, #5 Address: Address:

NORTH LAUDERDALE, FL 33068 JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip:

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

CHARLES, HILAIRE DEREK, HOOKS Name: Name:

405 N.W. 19TH LN 4320 DEERWOOD LAKE PARKWAY SUITE 101, #5 Address: Address:

City-St-Zip: MIAMI, FL 33136 City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete Title: AVP () Change (X) Addition WAYLAND, STARR

4320 DEERWOOD LAKE PARKWAY SUITE 101, #5 Address: Address:

Name:

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32216

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.

SIGNATURE: JOHNATHAN DEAUGUST JD 09/12/2008