2008 FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT | | | | | | | | | |
|--|--|-------------------------------------|--|--|--|---------------------------------------|---------------------|-----------------------------|-------------------------|
| DOCUMENT # P06000110153 | | | | | | here \$ \$ been | ľ. | | |
| | ĞAFFNEY, P.A. | | | | FILED | | | | |
| Principal Place | o of Business | Mailing Address | | 11.00 | 08 JUN -3 AM 8:37 | | | | |
| Principal Place of Business 321 VALVERDE LANE | | 321 VALVERDE LANE | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| ST AUGUSTIN | NE, FL 32086 | ST AUGUSTINE, FL 32086 | | | TAL | LAHASSEE, | FLURIUA | M a ll ag (IF | (PE) (1)EE) |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite Apt. #. etc. 764 CRESTWOOD Dr. | | Suite, Apt. #, etc. 764 CRESTWOOD D | | De | 03022008 REIN-P CR2E098 (1/07) | | | | |
| City & Stat | e | City & State | | | 4. FEI Number Applied Fo | | | | |
| Zip | Country | Zip | Zip Country | | E Cortificate | of Status Desired | □ \$8.7 | 75 Addi | t Applicable itional |
| 3スム8し 3スム86 6. Name and Address of Current Registered Agent | | | 5. Certificate of Status Desired 7. Name and Address of Nev | | | | Fee Required | | |
| CAFFNEY | 14 | | | | | | | | |
| GAFFNEY, DAWNAS 321 VALVERDE LANE | | | | Street Address (P.O. Box Number is Not Acceptable) 764 でRESTWOOD DR | | | | | |
| ST AUGUSTINE, FL 32086 | | | | 7 | <u> </u> | <u> </u> | | | |
| 45 | | | | Sity AU | テレンフィん | e- | FL Z | ip Code | 086 |
| 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, typed (ignitined name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the content of the conte | | | | | | | | | |
| 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 I | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFFIC | CERS AND DIRE | CTORS | S IN 11 |
| TITLE NAME | PSTD GAFFNEY, DAWNA | ☐ Delete | TITLE | ŀ | | | _ | Change | ☐ Addition |
| STREET ADDRESS | 321 VALVERDE LANE | | STREET AD | 70200 | | 57W00D | PR. | . | S86 |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 | ☐ Delete | CHY-ST-Z | ZIP 57 | AUGU: | ファルビ | | Change | Addition |
| NAME | | Delete | NAME | 200-00 | 80 | 013163 0801034 | _ | - | _ |
| STREET ADDRÉSS CITY-ST-ZIP | | | STREET ACC | l l | 06/24/ | 0801034 | -017 **3 | 00.00 |) |
| TITLE NAME | | ☐ Delete | TITLE NAME | R | FINC | TATE | N ATT N | Change | Addition |
| STREET ADDRESS | | | STREET AD | JUNE 33 | TITIO | IAIL. | IVICIN | 1 | |
| CITY-ST-ZIP | | ☐ Delete | CITY-ST-Z | ZIP | | <i>0</i> / | 7-00 | Change | Addition |
| NAME | | | NAME | | | _ | 1/2 | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET AD CITY-ST-2 | 1 | | | X | <u> </u> | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | Change | Addition |
| STREET ADDRESS | | | STREET AD | | | | | | , |
| CITY-ST-ZIP | | ☐ Delete | CITY-ST-2 | Z1P | | , , , , , , , , , , , , , , , , , , , | | Change | Addition |
| NAME | | | NAME | nnpecs | | | | J | - |
| STREET ADDRESS CITY-ST-ZIP | | | STREET AD CITY-ST-2 | l l | | | | | |
| 12. I hereby | certify that the information supplied with | this filing does not qualify for ! | the exempt | tions contained | in Chapter 119, | Florida Statutes. I f | urther certify that | at the int | formation |

2. Thereby certain that the information supplied with this mining does not quality for the exemptions contained in chapter 119, Fibrida statutes. Farmer certain that the information indicated on this report is report in strue 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104/01/08

904)742-2662