2007 FOR PROFIT CORPORATION REINSTATEMENT

Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	REINSTATEMENT							_				
2881 GULF BREEZE PRW GULF BREEZE, FL 32563 2. Principal Place of Business - No P.O. Box #	1. Entity Name						_	DEE FIL	ED	. 1 %		
Suite, ADL #, etc. 10112007 REIN-P CR2E098 (1107) Applied For Inst Applied For Ins	2881 GULF B	REEZE PKWY	2881 GULF BREEZE PKWY			SELUNDA PHILLERIDIC HELD.						
City & State Country Country Country Country Country Country Country S. Certificate of Status Desired Status Desired Status Desired Status Desired State Address of New Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this safement for the purpose of changing its registered agent, or both, in the State of Floods. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Floods. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE FILE NOWITI FEE IS \$190.00 After January 1, 2008, Foe will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior molice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE PO OBJECT Registered agent, or both, in the State of Floods. I am familiar with, and acceptable of the object of the obj	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address									
The country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Agent \$8.75 Additional Fee Requ	Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				1011200	7 REIN-P	C	CR2E098 (1/07)		
Secretificate of Status Desired Secretificate Secretificat	City & State		City & State									
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	ry		5 Certificate of Status Desired \$8.75 Additional						
ROBSON, JOSEPH R SR. 2881 GULF BREEZE PKWY GULF BREEZE, FL 32563 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 lamiliar with, and acceptable in explaints of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the objective of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the objective of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the object of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the object of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the object of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of Florida. I am lamiliar with, and acceptable of Purpose of Change of Chang	· · · · · · · · · · · · · · · · · · ·						7. Name a	nd Address of	low Registe	ered Agent		
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 the obligations of registered agent. SIGNATURE STORMS OF Contract parts of linguistation agent swift file if republished. (NOTE: Registered Agent A	2881 GULF BREEZE PKWY					idress (F	ss (P.O. Box Number is Not Acceptable)					
SIGNATURE SIGNATURE FILE NOWIII FEE IS \$190.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ROBSON, JOSEPH R SR STREET ADDRESS GUY-ST-2P GULF BREEZE, FL 32563 GUY-ST-2P GULF BREEZE, FL 32561 GUY-ST-2P GULF BRE					City					FL Zip Cod	e	
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NAME STREET ADDRESS 3009 CORALSTRIP PARKWAY GULF BREEZE, FL 32563 ITHE INGHAM, CHRI ES M SR. STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 ITHE INGHAM, CHRI ES M SR. STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 ITHE INGHAM, FLORA 3243 AUBURN PKWY GULF BREEZE, FL 32561 ITHE INGHAM, FLORA 3243 AUBURN PKWY GULF BREEZE, FL 32561 ITHE INGHAM STREET ADDRESS CITY-ST-ZIP ITHE INAME STREET ADDRESS CITY-ST-ZIP ITHE INTER INTER INAME STREET ADDRESS CITY-ST-ZIP ITHE INTER I	10.	OFFICERS AND	DIRECTORS	11.			ADDITION	IS/CHANGES T	OFFICERS	S AND DIRECTOR	S IN 11	
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	NAME STREET ADDRESS	- Lu	☐ Delete	NAM STRI	E AUORESS					Change	Addition	
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	NAME STREET ATIONESS CITY-ST-ZIP			NAM STRI CITY	ie Etiadoress '-st-zip		1:-0:-	110 51 / / 2			Addition	

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:

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR