## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P07000010851 1. Entity Name 09 FEB -9 PM 4: 06 NORMAN R. ORLEANS CORP. SECRETARY OF STATE TALLAHASSEE, FLORIBA Mailing Address Principal Place of Business 7219 DENEDICI CIRCLE 7219 DENEDICI CIRCLE DELRAY, FL 33446 DELRAY, FL 33446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032009 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 20-8316841 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORLEANS, NORMAN R Street Address (P.O. Box Number is Not Acceptable) 7219 DENEDICI CIRCLE DELRAY, FL 33446 City Zin Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change D/P TITLE Contribba CT TITLE ☐ Delete **400143175504** 02/09/09--01046--008 \*\*300.00 ORLEANS, NORMAN R NAME NAME STREET ADDRESS 7219 DENEDICI CIRCLE STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DELRAY, FL 33446 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2(P CITY-ST-ZIP ☐ Delale ☐ Change ☐ Addition Tille TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete une NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME State Agenting and American Experience and Control of the Control STREET ADDRESS STREET ADDRESS Birthan ia notine problems CITY-ST-ZIP CITY-ST-ZIP 12. If 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 time like empowered.

Dulch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Add the sail

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561-665-1300

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