2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000042156

Entity Name: ARBOBOGG IMAGERY INC

FILED Oct 10, 2009 Secretary of State

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

1701 ARDEN WAY 932 FIRST ST NORTH JACKSONVILLE BEACH, FL 32250

403

JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

932 FIRST ST NORTH 1701 ARDEN WAY JACKSONVILLE BEACH, FL 32250

403 JACKSONVILLE BEACH, FL 32250

FEI Number: 20-8865587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ARBOGAST, JAMES D ARBOGAST, JAMES D JIM ARB 106 MARGARET STREET 932 FIRST ST NORTH

NEPTUNE BEACH, FL 32266 US JACKSONVILLE BEACH, FL 32250 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: JIM ARBOGAST 10/10/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARBOGAST, JAMES D ARBOGAST, JAMES D JIM ARB Name: Name: 1701 ARDEN WAY 932 FIRST ST NORTH #403 Address: Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: Title: (X) Change () Addition () Delete BOGGS, ZACHARY M Name: BOGGS, ZACHARY M Name: 1701 ARDEN WAY Address: 932 FIRST ST NORTH #403 Address: JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 City-St-Zip: City-St-Zip:

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: JIM ARBOGAST JIM 10/10/2009