2008 FOR PROFIT CORPORATION REINSTATEMENT

Source Status Desired Status Desir	1. Entity Nam	MENT # P07000052	•	·				08	FILE NOV 10 P	_
Such Applied Country of Country State Applied State Country State Applied State Desired States Desired Agent States Desired St	1217 QUAIL	LAKE BLVD.	1217 QUAIL LAKE BLV	'D						
No. 1 Apr Singer Adores of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name an	112 Se Suite, Apt. hrst	#. etc. Floor	Suite, Apt. #, etc. Frst floor	T	. Dr.		REIN	STATEMI	ENT.	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	\sim	stn, PC	Destin, PC	Destin, PC			_ \$9.7			Applied For Not Applicable
Natheway David Companies and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Signature Signature Signature provided when rainstating Date File Nowlin FEE 13 \$150,00 Control of the purpose of changing its registered agent agent when rainstating Date File Nowlin FEE 13 \$150,00 Control of the purpose of changing its registered agent agent when rainstating Date File Nowlin FEE 13 \$150,00 Control of the purpose of changing its registered agent agent when rainstating Date In accordance with a, 607,193(2)(b), F.S. of Seauce, typed or printer rains of registered agent. FILE NOWIII FEE 13 \$150,00 Control of the purpose of changing its registered agent agent we required when rainstating Date In accordance with a, 607,193(2)(b), F.S. of Seauce, typed or printer rains of registered agent. FILE NOWIII FEE 13 \$150,00 Control of the purpose of changing its registered agent agent we required when rainstating Date In accordance with a, 607,193(2)(b), F.S. of the purpose of the	320	91 1 03	33541) '				Fee Re	
MOTE Registered Agent signature required when reinhauting) DATE	MATTHEW 4475 LEGE DESTIN, F	vS & HAWKINS, P.A. ENDARY DRIVE L 32541 named entity submits this statement for	r the purpose of changing its	s registere	City				FL Zip	
After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS TITLE ANDERSON, WAYNE A 4475 LEGENDARY DRIVE DESTIN, FL 32541 TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP CITY-ST		Signature, typed or printed name of registered agent i	and title if applicable. (NOTI	E: Registen	ed Agent sign.	ature required	when reinstating)		DATE	····
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET								In accordance w	ith s. 607.193(2)	
NAME SIRET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET			DIRECTORS	11.				CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRE	NAME STREET ADDRESS	ANDERSON, WAYNE A 4475 LEGENDARY DRIVE	☐ Delete	NAMI STRE	E ET ADORESS	Way:	ne A.A eascape	. Drive , First		nge 🔲 Addition
NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS		☐ Delete	NAME STRE	et address	i			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS		☐ Delete	NAME STREE	E Et address		11/10) 1 7 7 /0801020	020 ****	50.05 Addition
NAME SIREET ADDRESS CITY-ST-ZIP CITYE. NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. Ungreby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Eloide Statutes Lityther certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Eloide Statutes Lityther certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Eloide Statutes Lityther certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Eloide Statutes Lityther certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Eloide Statutes Lityther certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Eloide Statutes Lityther certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Eloide Statutes Lityther certific that the information supplied with the information supplied with the samption supplied with the information supplied with the information supplied with the samption s	NAME STREET ADDRESS	M10/11	□ Delete	NAME STREE	e Et address				Cha	nge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. Florida Statutes Lityther certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. Florida Statutes Lityther certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. Florida Statutes Lityther certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119.	NAME STREET ADDRESS		☐ Delete	NAME STREE	et address				☐ Cha	nge 🗌 Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under path; that I am an officer or dis	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS				Cha	nge 🔲 Addition
of the corporation of the receiver of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Bloc changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	indicated of the corporate changed,	on this report or supplemental report is poration or the receiver or trustee emporation or on an attachment with an address, we URE:	true and accurate and that movered to execute this report with all other like empowered.	ny signat as requir	rure shall h red by Cha	rave the sar	ne legal effec	it as if made under oa s; and that my name	ath; that I am an of appears in Block	ficer or director 10 or Block 11 if