## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000133571		REINST	ATEMENT			The state of the s
10108 ALBYMAR ME. RVERNEW, FL 33569 US  RVERNEW, FL 33569 US  Suite, Apt. 4, 600  REIN.P CR26088 (1/07)  Roy, & State  Country  Suite, Apt. 4, 600  Suite, Apt. 4, 600  Suite, Apt. 4, 600  REIN.P CR26088 (1/07)  Roy Association of Revision Destination  For Applications of Revision Destination  To Name and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids State and Address of New Registered Agent  To Double of Fluids St	1. Entity Name					08 DEC 10 PH 4: 46
Suite, Agt. 4, etc.    12042008   REIN.P   CR2E686 (1/07)	10108 ALBYAR AVE. 10108 ALBYAR AVE.					
City & Sistes  City & Sistes  Coy & Sistes	2. Principal P	face of Business - No P O Box #	3. Mailing Address			
September   Sept	Suite, Apt	#, etc	Suite, Apt. ≠, etc.			12042008 REIN-P CR2E098 (1/07)
S. Certificate of Status Desired  Figs Required  Fi	City & State		City & State			
Name   Sheet Address (P O Box Number is Not Acceptable)	Zıp		<u> </u>	Cour	itry	
Street Address (P O Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity supprish 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the prior or both. I am familiar with, and accept the prior or both. I am familiar with, and accept the prior or both. I am familiar with, and accept the prior of the obligation of the state of the state of the prior of the composition of the state of the prior of the composition of the composition of the composition of the receive		6. Name and Address of Curren	t Registered Agent		Name	Name and Address of New Registered Agent
8. The above named entity suppriss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Tamillar with, and accept the obligations of registery of agent.    Publication   Publi	10108 ALBYAR AVE.				Street Address (	(P.O. Box Number is Not Acceptable)
8. The above named entity suppriss 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.    Part	***************************************	VV, 1 2 33333			City	Zip Code
FILE NOW!!! FEE IS \$150.00  After January 1, 2009, Fee will be \$300.00  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE OFFICERS AND DIRECTORS   11. AND DIRECTORS IN 11  TILE OFFICERS AND DIRECTORS IN 11	the obligat	ions of registered agent	- PRES	ide	nT	ered agent, or both, in the State of Florida. I am familiar with, and accept
THE GASKIN, DOUGLAS A SASKIN, PATRICE L STREET ADDRESS ONY-ST-ZP STREET ADDRE		E NOW!!! FEE IS \$150.00		E: Register	ed Agent signature requir	In accordance with s. 607.193(2)(b), F.S., the
NAME STREET ADDRESS CITY ST ZIP  THE NAME STREET		<del></del>			<del></del>	
THE VP Obele 11th Obel	NAME STREET ACCRESS	10108 ALBYAR AVE.	125 500dd	NAM STR	AE EET ADDRESS	
THE NAME SIRET ADDRESS UITY-ST-ZEP  THE Delete THE Change Addition NAME STREET ADDRESS UITY-ST-ZEP  THE DELETE DELETE THE DELETE DELETE THE DEL	NAME STREE* ADDRESS	VP GASKIN, PATRICE L 10108 ALBYAR AVE.	☐ Delete	*1Tt.	F	☐ Change ☐ Addition
INLE NAME  THE NAME  STREET ADDRESS  CTY ST ZIP  THE NAME  STREET ADDRESS  CTY-ST-ZIP  THE NAME  STREET ADDRESS  STREET ADDRESS  CTY-ST-ZIP  THE NAME  STREET ADDRESS  STREET	TITLE NAME STREET ADDRESS		☐ Delete	TITL MAM STH	E AF EE! ADDIHESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE 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 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:  Adding James Addition  Resident  Resident  ARESIDENT	NAME CORPORATIONESS		☐ Delete	NAM Str	NE EF "ADDAESS	Change Addition
NAME STREET ADDRESS C**-S1-ZIP  12. Thereby 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 other like empowered.  SIGNATURE:  April 19. Resident  Resident  Resident  12. Thereby 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.	name Street address		☐ Delate	MAN STR	AE EET ADDRESS	Change Addition
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