2007 FOR PROFIT CORI
REINSTATEMEN

FILED
07 MAY 29 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004329

1. Entity Name
OTOTL, INC.

Principal Place of Business	Mailing Address
21000 BOCA RIO RD BUILDING A SUITE 9 BOCA RATON, FL 33433	21000 BOCA RIO RD BLDG A STE 9 BOCA RATON, FL 33433

REINSTATEMENT 06-07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1777 Reisterstown Road	1777 Reisterstown Road
Suite, Apt. #, etc.: 365	Suite, Apt. #, etc.: 365
City & State: Pikesville, MD	City & State: Pikesville, MD
Zip: 21208 Country: USA	Zip: 21208 Country: USA

4. FEI Number: 65-0548878 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

FRANKLIN, ANDREW B
2100 BOCA RIO RD
BLDG A STE 9
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: Anthony Crupi

Street Address (P.O. Box Number is Not Acceptable):
6500 NW 12 Ave 104

City: Ft Lauderdale FL Zip Code: 33309

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 agent.

SIGNATURE: AC 4/3/07
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANKLIN, ANDREW B 21652 MARIGOT DR BOCA RATON, FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12620 Mount Laurel Court Reisterstown, MD 21136
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400103985154 06/06/07--01038--014 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 06-07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AR 6/6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Andrew Franklin Andrew Franklin 4-1-07 800-618-5963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Andrew Franklin, Andrew Franklin 5-10-07 800-618-5963