

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
07 OCT 11 AM 10:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P95000006144</b> 1. Entity Name AUGLINK COMMUNICATIONS, INC.					
Principal Place of Business 2155 OLD MOULTRIE RD. 103 SAINT AUGUSTINE, FL 32086			Mailing Address 2155 OLD MOULTRIE RD. 103 SAINT AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box # <b>149 RIBERIA ST</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>B</b>		Suite, Apt. #, etc.			
City & State <b>ST AUGUSTINE FL</b>		City & State		4. FEI Number <b>59-3290996</b>	
Zip <b>32084</b>		Country <b>ST JOHNS</b>		Zip	
Country <b>ST JOHNS</b>		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DOBSON & BROWN 66 CUNA STREET SAINT AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name <b>MAURICE MORISSETTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>149 RIBERIA ST</b> <b>SUITE B</b> City <b>ST. AUGUSTINE</b> <b>FL</b> Zip Code <b>32084</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>10/5/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORISSETTE, MAURICE 400 NIGHTHAWK LANE SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110661392 10/11/07--01010--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELKUS, DAVID E 116 SAN RAFAEL RD SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOACH, H. ALEX 3880 S.R. 214 ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em;">10/12</div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>10/5/07</b> DAYTIME PHONE <b>904 829 3830</b> <small>Date Daytime Phone #</small>	