| general substitution | PLEASE READ | | | 1. | OMPLETI | NG THIS EC | GY 2 | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|-------------------------------------------|----------------|--|
| | | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | |
| DOCUMENT # P95000032886 | | | | | 96 DEC 31 PM 3: 36 | | | | |
| 1. Corpora | R-N-SWEET, INC. | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | |
| | | | | | | , , , , , , , , , , , , , , , , , , , , | | į. Ž | |
| 707 PINET | lace of Business REE DR ARBOR BEACH FL 32937 | 707 PINETRE | Meiling Address 707 PINETREE DR INDIAN HARGOR BEACH FL 32937 | | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correct | | | | | | | | | |
| 2. New Pri | Incipal Office Address, If Applicable | | New Malling Office Address, If Applicable Suite, Apt. #, etc. | | | orated or Qualified less in Florida | 04/24/1995 | - | |
| City & State | | City & State | ыс. | | 5. FEI Number 59-33 | 11425 | Applied For | _ | |
| Zip | Country | Zip Country | | | 6. | OF STATUS DESIRED | SB.75 Additional Fee Jegu | 44 m 3 m | |
| 7. Names | and Street Addresses of Each Officer and | /or Director (Flor | | | | | Altanon | | |
| Title(s) | Name of Officers and/or Directors | | Offi | et Address of Each cer and/or Director e Post Office Box 1 | City / State / Zip | | | | |
| Đ | SCHIERHOLTZ, LISA | | 1199 YACHT CLI | UB BLVD | | INDIAN HARBOR | BEACH FL 32937 | \neg | |
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| | | | | | | JBD-31-96 | | | |
| 8. Name and Address of Current Registered Agent Name | | | | | 9. Name and Address of New Registered Agent | | | | |
| SCHIERHOLTZ, LISA 707 PINETREE DR | | | | Street Address (P.O. Box Number is No. Acceptable) | | | | CH2E040 (7/96) | |
| INDIAN HARBOR BEACH FL 32937 | | | | Suite, Apt. #, Etc. | | | | | |
| | | City State Zip Code | | | | \dashv | | | |
| ľ | g appointed the agistered agent of the at | ove named corpo | ration, am famillar wit | th and accept the o | obligations of Secti | on 607.0505, F.S. | 1 | | |
| Signature of Registered | Agent Was Y. While h | EGISTERED AG | ENT MUST SIGN | 403 404 | | Date 12/27 | 196 | _ | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) | | | | | | | | | |
| this rein | y that I am an officer or director or the rec nstatement application, the reason for dis by the corporation have been paid and the application is true and accurate, and my | solution has been names of individ | eliminated, the corpo uats listed on this for | rate name satisfies n do not qualify for | the requirements an exemption un | of section 607.0401 | or 617.0401 , F.S., that all foos | ´ } | |
| | 101 | | | الرجعية المعادية المعادية الرجارات | | • | O | | |
| SIGNATURE: SIGNATURE AND TWPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR Date On Director Oato Oato Oato Oato Oato Oato Oato Oato | | | | | | | | | |

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