2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000032263 1. Entity Name FILED 2361 CORPORATION 08 DEC 31 AM 10: 41 Pjincipal Place of Business Mailing Address SECRETARY OF STATE 8 CASTLE HILL WAY **8 CASTLE HILL WAY** SEWALLS POINT, FL 34994 US SEWALLS POINT, FL 34994 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address REINSTATEMENT OS Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 65-0785178 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEISINGER, RICHARD C JR Street Address (P.O. Box Number is Not Acceptable) **8 CASTLE HILL WAY** STUART, FL 34996 Zip Code City 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. gnature, typed or britted name of rigistered agent and title if applicable (NOTE: Register 124-08 when reinstating) (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete 6001393943 GEISINGER, RICHARD C JR NAME NAME 12/31/08--01040--003 **750,00 STREET ADDRESS STREET ADDRESS 8 CASTLE HILL WAY CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34996 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylima Phone #