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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

2001-02 UOR

CORPORATION

[redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092190

1. Corporation Name
Boomerang, Inc P96000092190

2. Principal Office Address	3. Mailing Office Address
33412 Wesley Rd.	P.O. Box 154
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis, Florida	City & State: Tangerine, Florida
Zip: 32736 Country: US	Zip: 32777 Country: US

01-02

4. Date Incorporated or Qualified To Do Business in Florida: 11/96

5. FEI Number: 58-2271248 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: James R. Geiger

Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 154~~ JRG 33412 Wesley Rd

Suite, Apt. #, Etc.

City: ~~Tangerine~~ JRG Eustis State: FL Zip Code: 327~~77~~36 JRG

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 12-28-01

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres P	James R. Geiger P, T, S, V, D, C, M,	~~P.O. Box 154~~ JRG 33412 Wesley Rd	~~Tangerine FL 32777~~ JRG Eustis, FL 32736
			400004797474--2 -01/25/02--01029--010 ****300.00 ****300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 12-28-01 352-383-6737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAGE 2 of 2

BOOMERANG INC.
PO Box 154
Tangerine Florida 32777
352-383-6737

12/28/01

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida
32399

Boomerang Inc failed to recieve the annual report forms. We changed locations and were hit with a small fine during 2001. For these reasons please except the check of ~~$150.00~~ $300.00 for reinstatement.

Thank you

Sincerly Yours

James R. Geiger