2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000039980

Entity Name: MINE CORPORATION

FILED Sep 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1922 CROSSHAIR CIRCLE 7010 LIFFORD AVENUE ORLANDO, FL 32837 US WINDERMERE, FL 34786 US

Current Mailing Address: New Mailing Address:

7010 LIFFORD AVE 7010 LIFFORD AVENUE WINDERMERE, FL 34786 US WINDERMERE, FL 34786 US

FEI Number: 59-3447087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OZEL, NADIR

1922 CROSSHAIR CIRCLE

ORLANDO, FL 32837 US

REDFORD, ROBERT

7010 LIFFORD AVENUE

WINDERMERE, FL 34786 US

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.

SIGNATURE: RR 09/14/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 REDFORD, MINE
 Name:
 REDFORD, MINE

 Address:
 1922 CROSSHAIR CIRCLE
 Address:
 7010 LIFFORD AVENUE

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 WINDERMERE, FL 34786

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 OZEL, NADIR I
 Name:
 REDFORD, ROBERT

 Address:
 1922 CROSSHAIR CIRCLE
 Address:
 7010 LIFFORD AVENUE

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR DP 09/14/2009