2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUI 1. Entity Nam CLIFFOR					~	T 24		0				
Principal Place of Business 10192 SAN JOSE BLVD JACKSONVILLE, FL 32257				Mailing Address 10192 SAN JOSE BLVD JACKSONVILLE, FL 32257				SEULLILIE U. STATE TALLAHASSEE, FLORIDA				
2. Principal Ptace of Business				3. Mailing Address								
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				10192006	REIN-P	CR2E0	98 (11/05)	
City & State				City & State		4. FEI Numbe 59-3548				No	pplied For at Applicable	
Zip		Country and Address of Current		Zip	Count				of Status Desired	U	\$8.75 Add Fee Require	
		7. Name and Address of New Registered Agent Name										
NEWTON, 10192 SAN JACKSON	N JOSE BI	LVD			Street Address (P.O. Box Number is Not Acceptable)							
				City	FL Zip Code					9		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00							In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I						S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NEWTON 12520 MA JACKSON				300081160943 10/24/06-01048-011 **150.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete T					1.	REI	EINSTATEMENT POORAddition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		!				C	Chartge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITL NAM STRE	E		☐ Change ☐ Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL NAM STRI	E					☐ Change	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: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Proce (
SIGNAT	OKE:V	SIGNATURE AND TYPED OR I	RINTED	NAME OF SIGNING OFFICER O	R DIREC	TOR		<u>'</u>	Date	ر ر <u>د</u>	Ogle A Congression of the Congre	