## 2009 FOR PROFIT CORPORATION REINSTATEMENT

		REINSTA	TEMENT						
1. Entity Narr	18	# <b>P9900000</b> 5 ESSURE GROUTH				FILED 09 MAY 21 PM 12: 29			
						Į u	SIN C.	A TATE	
Principal Plac		s	Mailing Address			<u> </u>	MARIE PAIX	OF STATE	
775 TOMPKI MELBOURNE		5 US	775 TOMPKINS STREE MELBOURNE, FL 329			1	Maja Hasasi	J'ECOMO	
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Principal Place of Business - No P.O. Box # 3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		of Edit	Same I	CC2E098 (1/07)	98-01	
City & State			City & State			4. FEI Number 59-3560		<del></del>	pplied For of Applicable
Zip	Zip Country		Zip Cou		ntry	5. Certificate of Status Desired \$8.75 Additioned Fee Required			
6. Name and Address of Current Registered Agent						7. Name and A	Address of New R	egistered Agent	
WOODBU	DV IABAE	· c			Name				
775 TOMP	KINS ST	REET			Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE, FL 32935								· · · · · · · · · · · · · · · · · · ·	
					City FL Zip Code				
8. The above	named entit	v submits this statement for	the purpose of changing its	register	ed office or register	red agent, or both	, in the State of Flo		and accept
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 JAMES WOODBURY SON WOODD PRESIDENT 5/19/09									
Signature, typed or printed nome of registered agent and title if applicable   (NOTE Registered Agent algorithm required when relationing) DATE									
FILE NOW!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									F.S., the notice.
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTOR	S IN 11
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CITY-ST-ZIP	cartifu that th	a information a modical with	this filing close not a sale for		·ST-ZIP	in Charter 110	Florida Chabdon II	huther earlies that the i	riormatics
12. I hereby certify that the information supplied with this filling 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 inustee 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: Jan Woodly JAMES WOODBURY 5/19/9 321-255-2420									420
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Daylorse Phone #									