2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000077974 1. Entity Name REYES INNOVATIONS, INC. 05-10-2001 90166 006 ***150.00 Principal Place of Business Mailing Address 3 RUFFIN CIRCLE, UNIT B 3 RUFFIN CIRCLE, UNIT B PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address 7497 Harvest VillageCt 7497 Harvest Ullage Ct DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3597715 tlorida Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) REYES, RICHARD 3 RUFFIN CIRCLE, UNIT B PENSACOLA FL 32503 avact e 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. D ☐ Addition TITLE TITLE ☐ Delete Richard Reyes 1497 Harvest Village et Navarre, Fl. 32566 REYES, RICHARD NAME NAME STREET ADDRESS 3 RUFFIN CIRCLE, UNIT B STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete ----TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

4/30/0

850-436-5580

Daytime Phone #