2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2008
Secretary of State

DOCUMENT# P99000092864

Entity Name: MICHAEL J. STANLEY, INC.

Current Principal Place of Business:

10805 HOFFNER EDGE DR.
RIVERVIEW, FL 33569

New Principal Place of Business:

10805 HOFFNER EDGE DR.
RIVERVIEW, FL 33579

Current Mailing Address:

10805 HOFFNER EDGE DR.
RIVERVIEW, FL 33569

New Mailing Address:

10805 HOFFNER EDGE DR.
RIVERVIEW, FL 33579

FEI Number: 59-3609955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SCOTT F
105 BARKFIELD ST
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: SCOTT NELSON

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:

Title: PD ( ) Delete
Name: STANLEY, MICHAEL J
Address: 10805 HOFFNER EDGE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: ST ( ) Delete
Name: STANLEY, TRACY
Address: 10805 HOFFNER EDGE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: V ( ) Delete
Name: STANLEY, JAMIE
Address: 10805 HOFFNER EDGE DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J STANLEY PD 10/10/2008

Electronic Signature of Signing Officer or Director — Date