## **2009 FOR PROFIT CORPORATION**

REINSTATEMENT,												
DOCU 1. Entity Nam VINCO, II	1e	#V44451					09 JUN 12	FILED 09 JUN 12 AM 6: 29 CUNC: ARY OF STATE LLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address								音響性為了	CE STA	15		
5860 OLD T	imuquana R	d.	5860 OLD TIMUQUANA	5860 OLD TIMUQUANA RD				TALL AHASSE	E. FLOR	IDA.		
SUITE 12			SUITE 12					, , CON	IUA			
JACKSONVILI	LE, FL 3221	o us	JACKSONVILLE, FL 322	JACKSONVILLE, FL 32210 US			1 (80) 2001		GREEL BLOCK GIGH	DIDIE DOM DID	(1 <b>16</b> )	
		ess - No P.O. Box #	3. Mailing Address									
		eel Drive	3859 Paddlewheel Drive Suite, Apt. #, etc.			Pieldi	on A della B la	5-4 146				
Suite, Apt.	. #, <del>G</del> (C)		·			04092009	REIN-P	CFQ2E0	98J11887)·	09		
City & Stat Jacks	e onville,	FL	City & State Jacksonville,	City & State Jacksonville, FL			4. FEI Number 59-313			<u> </u>	oplied For of Applicable	
Zip 32257		Country USA	Zip 32257	try S <b>A</b>	5 Certificate of Status Desired 3 \$8.75 Additional					itional		
32231	6 Name	and Address of Current I				لــــــا	7 Name and	Address of New P		ee Require	a .	
<u> </u>	Q. IVallic	and Address of Current	7. Name and Address of New Registered Agent Name Marino, Vincent									
MARINO, VINCENT						Street Address (P.O. Box Number is Not Acceptable)						
5015 CARMEL DR JACKSONVILLE, FL 32244												
						3859 Paddlewheel Drive						
					City Ja	acksor	nville		FL	Zip Code 3225	e 57	
8. The above named emity 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												
the obligations of registered agent.												
SIGNATURE Vincent Marino 6/19/2009  Signature, typed or jivited name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
ergresser, speece printer minte or reflected object one site or objected to the second object of the second object												
FII	LE NOW!!!	FEE IS \$300.00						In accordance w corporation did a				
10.		OFFICERS AND I	DIRECTORS	11.	- -		ADDITIONS/	CHANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	
TITLE NAME	PD	VINCENT	☐ Delete	TRLE	1	PD				Change     ddregg	Addition change)	
STREET ADDRESS	MARINO, VINCENT NA 5015 CARMEL DR STR					Mari	no, Vince	ent	ţα	uaress	change,	
CITY-ST-ZIP	JACKSON	VILLE, FL 32244					Paddlew	neel Dr. Jac	ksonvil	le, FL	32257	
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
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CITY-ST-ZIP					et address -st-zip		600157101346 06/12/0901084002 **30				3.75	
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CITY-ST-ZIP					ET ADORESS - St-Zip							
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TRIE			☐ Delete	TITLE						Change	Addition	
NAME				NAME	:						_	
STREET ADDRESS City-St-Zip				4	ET ADDRESS							
	entify that the	information emplied with	this filing does not qualify for		ST-ZIP	mining	in Chanta: 110	Elondo Statuta 14	ingther a	that the '	formeties	
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: Vincent Ma SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						ino		6/19/2009		4-251-4	326	
		SIGNATURE AND TYPED OR PR	OR LED NAME OF SIGNING OFFICER (	R DIRECT	UR			Date	Day	time Phona #	- 1	