

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 25 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/10/06 90090 OSD 6/SD.00



12042006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000127367					
1. Entity Name HENRY M & SON'S . INC					
Principal Place of Business 472 PEPPER MILL CIR POINCIANA, FL 32758			Mailing Address 472 PEPPER MILL CIR POINCIANA, FL 32758		
2. Principal Place of Business 4545 Pleasant Hill Road Suite, Apt. #, etc. Suite 122 City & State Kissimmee Florida Zip 34759-3400 Country Usa		3. Mailing Address 4545 Pleasant Hill Road Suite, Apt. #, etc. Suite 122 City & State Kissimmee Florida Zip 34759-3400 Country Usa		4. FEI Number APPLIED FOR 20-1642585 Applied For/ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GOMEZ, HENRY 472 PEPPER MILL CIR POINCIANA, FL 34758			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>HENRY GOMEZ</u> x <u>Hernand Gomez</u> x <u>1/12/07</u> Signature, typed or printed name of registered agent and use 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 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, HENRY M 472 PEPPER MILL CIR POINCIANA, FL 34758 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, MINERVA 472 PEPPER MILL CIR POINCIANA, FL 34758 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Hernand Gomez</u> x <u>1/12/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

X 1/26