

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 DEC 24 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12222008 REIN-P CR2E098 (1/07)

4. FEI Number **65-0835290** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHATLEY, DONALD A.
9111 NORTHWEST 19TH STREET
PEMBROKE PINES, FL 33024

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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 PSTD
STREET ADDRESS WHATLEY, DONALD A
CITY- ST- ZIP 9111 NORTHWEST 19TH STREET
PEMBROKE PINES, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400139270964 ☐ Change ☐ Addition
12/24/08--01045--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/08 (954) 483-9057
Date Daytime Phone #

REINSTATEMENT
2008

[Handwritten Signature]