## 2009 FOR PROFIT CORPORATION REINSTATEMENT

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DOCU 1. Entity Nam WILLIAM	ie .	# 577835 NG, INC.				FILED 09 JAN -9 PM 2: 57					
Principal Plac	e of Business	3	Mailing Address		•	1	SECRE LA	RY OF ST	[ATF		
1790 HARLO	CK RD		1790 HARLOCK RD	-			SEURETA TALLAHAS	CEE E	ADIOA		
MELBOURNE, FL 32934				MELBOURNE, FL 32934			TALLADA	JOEE, FLI	ALTIGIM		
MEEDOUNIE, IE GEOOF MEEDOUNIE, IE GEOOF											
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
						PFI		Section of Section 1	A6	2-MC	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			RENE	CRZEÓ9	18-41-107		
City & State	e		City & State	City & State			er 0.400			plied For	
							9490			t Applicable	
Zip	Country		Zip	Zip Coun		5. Certificate of Status De			B.75 Add		
6. Name and Address of Current				Barbara d Arras			7. Name and Address of New Registered Agent				
	G. Name	and Address of Cur	rent Registered Agent		Name	7. Name and	Address of New N	agistered Age	DIII.		
WILLIAMS	DAVID				T dillo						
1790 HARI		AD			Street Address	(P.O. Box Number	er is Not Acceptable	a) _	.,		
MELBOUR											
					City			FL	Zip Code	8	
					<u> </u>				<u> </u>		
			ent for the purpose of changing it	s register	ed office or registe	ered agent, or bot	th, in the State of Flo	orida. I am fan	niliar with,	and accept	
the obligations of registered agent.											
SIGNATURE / HUGE - ) Avid Williams /-6-09											
Signature, mad or printed name of registrored agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
FII	TE NOW!!!	FEE IS \$900.0						*			
10.		OFFICERS	AND DIDECTORS	- 44		ADDITIONS	CHANGES TO OFF	ICEDS AND D	DECTOR	2 INI 11	
	VP	OFFICERS	AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF		Change	Addition	
TITLE NAME	LOCKHAF	T LIDIS	☐ Delete	NAM		ي	marine de la companie				
STREET ADORESS	1550 LUC	•		EET ADDRESS	n 1574	781 <b>18</b> 3	18(U	<b>35</b>	~-		
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	PT	1,7 1 32907	F1						7 Channa	[ ] Addition	
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CITY-ST-ZIP		Y, FL 32907		-ST-ZIP	)	•					
	S	1,12 02007		_		11:7			Change	Addition	
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STREET ADDRESS	1	ORDON RD		EET ADDRESS							
CITY -ST - ZIP		Y, FL 32907			-ST-ZIP						
TITLE		.,	□ D.IIII	_					Change	☐ Addition	
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STREET ADDRESS		_•			EET ADORESS						
CITY-S1-ZIP					-ST-ZIP						
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NAME			☐ Delete	TIFL NAM				_		L Accidion	
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			<b>n</b>		~~~~				T Chanca	Addition	
TITLE NAME			☐ Delete	TITL				L	Change	CT MODICION	
STREET ADDRESS	l			NAM	_					!	
CITY-ST-ZIP				- 1	ET ADDRESS -ST-ZIP						
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 truetee 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 attagbasent with all other like empowered.											
SIGNATURE: VILLE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAILO DOLO DE											
		SIGNATURE AND TYPE	OUR PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR	•	Date	Dayte	me Phone #		