

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000002600

1. Entity Name  
FIREWORKS WORLD D, INC.



FILED

06 OCT 31 PM 3: 59

CLERK OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
102 INDUSTRIAL DRIVE  
BATESVILLE, AR 72501

Mailing Address  
102 INDUSTRIAL DRIVE  
BATESVILLE, AR 72501

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10162006 REIN-P CR2E098 (11/05) 06

4. FEI Number 71-0817274 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BROGDON, DAVID  
4347-10 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: **NRA Services**  
Street Address (P.O. Box Number is Not Acceptable): **2131 Executive Park Drive**  
Suite 4  
City: **Weston** FL Zip Code: **33331**

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: **Quema M. Howarth, Asst Secy** DATE: **10-25-06**

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

TITLE: **P** ☐ Delete  
NAME: **PULLEY, PHILLIP**  
STREET ADDRESS: **500 NEWPORT RD.**  
CITY-ST-ZIP: **BATESVILLE, AR 72501**

TITLE: **V** ☐ Delete  
NAME: **FOSTER, ROBERT**  
STREET ADDRESS: **100 PLANTATION ROAD**  
CITY-ST-ZIP: **BATESVILLE, AR 72501**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
**10/31**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
**10/31**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
**10/31**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
**10/31**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: **400081352834**  
STREET ADDRESS: **10/31/06 -- 01020 -- 006**  
CITY-ST-ZIP: **7150.00**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
**10/31**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
**10/31**

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**10/31**

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**10/31**

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
**10/31**

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: **Phillip Pulley** DATE: **10/16/06** DAYTIME PHONE #: **820-698-0090**