2007 FOR PROFIT CORPORATION REINSTATEMENT

REINGIAIEMENI								1	·	E 439	,	
DOCUMENT # F0300003127 1. Entity Name BILL WAITS RV WORLD, INC.									2007 SEP 2	D21 \$-		
						18	TE					
Principal Place of Business				Mailing Address					SECRETA TALLAHAS	SSEE.	FLORID:	
11475 SE FEDERAL HWY Hobe Sound, FL 33455				11475 SE FEDERAL HWY Hobe Sound, FL 33455								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					 				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				09252007	REIN-P	CR2E	E098 (1/07)	
City & State				City & State				4. FEI Numb			h	plied For t Applicable
Zip	Country			Zip Cour		try 5. Certifica		5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current I				stered Agent	7. Name and Address of New Registered Agent Name							
WAITS, WILLIAM D 11475 SE FEDERAL HWY HOBE SOUND, FL 33455					Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Code	э
The above named entity submits this statement for the purpose of changing its regis the obligations of control of control of the purpose of changing its regis						ed office or	register	ed agent, or bo	oth, in the State of Flor			and accept
the obligations of registered agent.												
SIGNATURE (NOTE: Registered Agent signature required when reinstating) OATE											_ -	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00									In accordance w corporation did r			
10.		OFFICERS ANI	D DIRE	CTORS	11.		r	ADDITIONS	/CHANGES TO OFFI	CERS ANI	D DIRECTOR:	3 IN 11
TITLE NAME	P WAITS W	Delete	TITL NAM		P	· · · · · · · · · · · · · · · · · · ·	ILIAM D		M Change	Addition		
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS '-ST-ZIP	131	FISHE	LLIAM D. NMANS WA FL 32477	.Ч 7		
THLE	L			☐ Delete		E					☐ Change	☐ Addition
STREET ADDRESS 131 FISHERMANS WAY						EET ADDRESS		09/728	001099 70701034-		**150.	00
TITLE	S Delet CORBETT, CARLTON J				TITL	'-ST-ZIP E					Change	Addition
NAME STREET ADDRESS		NAM STRI	IE EET ADDRESS									
CITY-ST-ZIP	HOBE SC	OUND, FL 33455	=			'-ST-ZIP				·		
TITLE NAME				Delete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP						
TITLE NAME				☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS '-S1-ZIP						•
TITLE NAME				☐ Delete	TITL						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						EET 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 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: 9/25/07 772 260 8905 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/25/07 772 260 8905 Date Dayling Phone 4												

4128