

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 11 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



<b>DOCUMENT # F05000002556</b> 1. Entity Name <b>BURT, DIEHL, HENSON, WALLACE AND ASSOCIATES, INC.</b>			
Principal Place of Business <b>201 EAST WINDSOR STREET MONROE, NC 28112</b>		Mailing Address <del>201 EAST WINDSOR STREET</del> <b>P.O. Box 834</b> <b>MONROE, NC 28112</b>	
2. Principal Place of Business - No P.O. Box # <b>201 East Windsor St</b>		3. Mailing Address <b>P.O. Box 834</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Monroe, NC 28112</b>		City & State <b>Monroe, NC</b>	
Zip <b>28112</b>		Zip <b>28111</b>	
Country <b>USA</b>		Country <b>Union</b>	
4. FEI Number <b>47-0952422</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete <b>VICTORY, TIMOTHY M</b> <b>201 EAST WINDSOR STREET</b> <b>MONROE, NC 28112</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>600110610116</b> <b>10/11/07--01003--017 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST <input type="checkbox"/> Delete <b>BURK, PATRICK J</b> <b>201 EAST WINDSOR STREET</b> <b>MONROE, NC 28112</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Timothy Victory</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>10-4-07</b> Daytime Phone #: <b>7042917485</b>	

2.10/16