

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000003813

1. Entity Name
SAY HELLO INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -4 AM 8:26

Principal Place of Business
~~208 NORTH LAURA STREET, SUITE 800~~
~~JACKSONVILLE, FL 32202~~

Mailing Address
~~208 NORTH LAURA STREET, SUITE 800~~
~~JACKSONVILLE, FL 32202~~



2. Principal Place of Business - No P.O. Box #
1122 THIRD ST.

3. Mailing Address
1122 THIRD ST.

Suite, Apt. #, etc.
SUITE #8

Suite, Apt. #, etc.
SUITE #8

02212008 REIN-P CR2E098 (1/07)

City & State
NEPTUNE BEACH, FL

City & State
NEPTUNE BEACH, FL

Zip
32266

Country
DUAL

Zip
32266

Country
DUAL

4. FEI Number
22-3931765

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

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
~~208 NORTH LAURA STREET, SUITE 800~~
JACKSONVILLE, FL 32202

Name
Street Address (P.O. Box Number is Not Acceptable)
14 EAST BAY STREET

City
JACKSONVILLE

State
FL

Zip Code
32202

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

[Signature]

G. ALAN HOWARD, PRES. 2-14-08

DATE

FILE NOW!!! FEE IS \$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
STREET ADDRESS
CITY-ST-ZIP

CP
GEDDES, JR., JAMES J
~~208 NORTH LAURA STREET, SUITE 800~~
JACKSONVILLE, FL 32202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1122 THIRD ST., SUITE #8
NEPTUNE BEACH, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ASEC
HOWARD, G. ALAN
~~208 NORTH LAURA STREET, SUITE 800~~
JACKSONVILLE, FL 32202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

14 EAST BAY STREET
JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800118851448
02/26/08--01029--017 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

B 3/7/08

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

REINSTATEMENT 02-04

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

G. ALAN HOWARD 2-14-08

Date

Daytime Phone #

984-357-3660