

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB -5 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



01292007 REIN-P CR2E098 (1/07)

| | | | |
|--|---------|---|---------|
| DOCUMENT # J18756 | | | |
| 1. Entity Name TETER BROS., INC. | | | |
| Principal Place of Business 2675 CRAIG ST. FT. MYERS, FL 33901 | | Mailing Address 9381 SEDGEFIELD RD NORTH FORT MYERS, FL 33917 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1031 NE 2nd Place | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Cape Coral, FL | |
| Zip | Country | Zip 33909 | Country |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| TETER, HENRY T 9381 SEDGEFIELD RD NO FT MYERS, FL 33917 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | DT TETER, HENRY T III 9381 SEDGEFIELD RD NO FT MYERS, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Teter, HENRY T III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9381 Sedgefield Rd North Fort Myers, FL 33917 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TETER, HENRY T. 9381 SEDGEFIELD RD. NO FT MYERS, FL <input checked="" 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 | 500087713425 02/08/07--01024--012 **308.75 <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 |
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| 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

239-822-7805

Date Designee Phone #

2/6 aw