2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J45160

Name:

Address:

City-St-Zip:

ZEBRO, SHARON,

NORFOLK, VA

940 LARCHMONT CRESCENT

FILED Jan 26, 2006 Secretary of State

Entity Na	ne: WILHE	LM ASSOCIATES, INC.			
Current P	rincipal Pla	ce of Business:	New Principal Place	New Principal Place of Business:	
P.O. BOX	LAKEVIEW : 390 x, FL 32784	STREET			
Current M	lailing Addr	ess:	New Mailing Address	New Mailing Address:	
P.O. BOX	LAKEVIEW : 390 ., FL 32784	STREET			
FEI Number:	: 59-2744245	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
111 EAST PO BOX 3 UMATILLA The above in the State	named entite of Florida.	US y submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: EDWARD WILHELM Electronic Signature of Registered Agent			nt	Date	
		193(2)(b), F.S., the corporation did noing Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WILHELM, E	KEVIEW STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILHELM, W	WHEEL TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CONSTANCE WILHELM Ρ 01/26/2006