


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

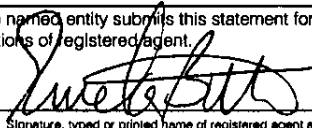
<b>DOCUMENT # N03000000188</b>	
1. Entity Name <b>GWENANDREWS, INCORPORATED</b>	

Principal Place of Business <b>116 NORTH MADISON STREET QUINCY, FL 32351</b>	Mailing Address <b>P.O. BOX 6225 TALLAHASSEE, FL 32314</b>
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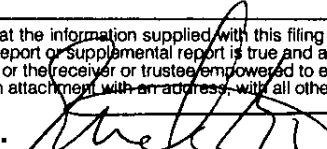
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>BUTLER, EUREKA A 2741 OAK PARK COURT TALLAHASSEE, FL 32308</b>	

7. Name and Address of New Registered Agent	
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 	DATE

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	OFAUNI, REGINALD	NAME	
STREET ADDRESS	1900 VINEYARD LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ANDREWS, JEROME	NAME	
STREET ADDRESS	88 ROZENA LOOP	STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BOYER, DOROTHY	NAME	
STREET ADDRESS	1917 FAULK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BUTLER, EUREKA	NAME	
STREET ADDRESS	2741 OAK PARK COURT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

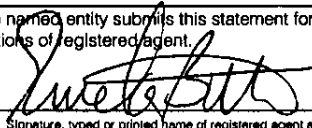
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 617, 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: 	DATE: 6/19/09

**FILED**  
**09 JUN 19 AM 9:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

06182009 REIN-NP CR2E099 (1/07)

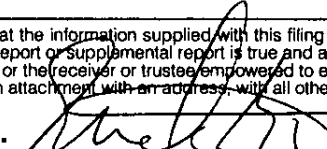
4. FEI Number <b>81-0637118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
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.	
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<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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