2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P01000083555

Entity Name: BOUND2GROW, INC.

Current Principal Place of Business:

511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6039 CYPRESS GARDENS BLVD, #171
WINTER HAVEN, FL 33884

New Mailing Address:

511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884

FEI Number: 01-0549052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVALLE, TOMMY
511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TOMMY OVALLE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OVALLE, TOMMY
Address: 511 LAKE MARIAM TERRACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: OVALLE, KATHY W
Address: 511 LAKE MARIAM TERRACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: CROWNSBERRY, SHIRLEY
Address: 104 13TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TOMMY OVALLE D 02/03/2009

Electronic Signature of Signing Officer or Director Date