

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 24 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 REIN-P CR2E098 (1/07)

4. FEI Number **36-4466464** 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

BABBITT, ELTON
1201 PINEDALE DRIVE
PLANT CITY, FL 33566

Name **GORDON BABBITT**
Street Address (P.O. Box Number is Not Acceptable)
3106 CENTRAL DR
City **PLANT CITY** FL Zip Code **33567**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/30/08

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **SAPP, TERRI**
CITY-ST-ZIP **26 GATESHEAD DR**
BRIDGEWATER, NJ 08807

TITLE ☐ Change ☐ Addition
NAME **300138240053**
STREET ADDRESS **11/24/08--01062--020**
CITY-ST-ZIP ****750.00**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: *[Signature]* TERRI SAPP PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

11/18/08 7326525250

REINSTATEMENT
2008