


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000048828 1. Entity Name OLD FRIEND ENTERPRISES, INC.				FILED 2007 APR -7 AM 10:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 102 LEXINGTON STREET OLDSMAR, FL 34677		Mailing Address 102 LEXINGTON STREET OLDSMAR, FL 34677			
2. Principal Place of Business - No P.O. Box # 50 Pelican Place Suite, Apt. #, etc.		3. Mailing Address 1225 Pickwick Point Suite, Apt. #, etc.			
City & State Palm Harbor, FL Zip 34683		City & State Bloomington, IN Zip 47401		4. FEI Number 20-0816183 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMOND, JAMES M ESQ. 1831 N BELCHER RD, STE A-1 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>James M. Hammond, Esq.</u> <i>James M. Hammond</i> 3-14-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00			700098013287 04/28/07--01038--022 **900.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTTS, JERRY L 102 LEXINGTON STREET OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Potts, Jerry L. 50 Pelican Place Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPBELL, III, WILLIAM T 2221 AUTUMN DRIVE BLOOMINGTON, IN 47401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Campbell, III, William T. 1225 Pickwick Point Bloomington, IN 47401
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"/> Change <input type="checkbox"/> Addition				
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: William T. Campbell, III, Director <i>William T. Campbell</i> 3-20-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					