

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000055519

Entity Name: MEAD ENTERPRISES, INC.

FILED
Oct 17, 2008
Secretary of State

Current Principal Place of Business:

5715 PINKNEY AVE
SARASOTA, FL 34233

New Principal Place of Business:

6417 BLUE GROSBEAK CIRCLE
BRADENTON, FL 34202

Current Mailing Address:

5715 PINKNEY AVE
SARASOTA, FL 34233

New Mailing Address:

6417 BLUE GROSBEAK CIRCLE
BRADENTON, FL 34202

FEI Number: 33-1004669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELLE MEAD
5715 PINKNEY AVE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

MEAD, MICHELLE VP
6417 BLUE GROSBEAK CIRCLE
BRADENTON, FL 34202 US

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: MICHELLE MEAD

10/17/2008

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: P () Delete
Name: MEAD, ANDREW
Address: 5715 PINKNEY AVE
City-St-Zip: SARASOTA, FL 34233 OC

Title: V () Delete
Name: MEAD, MICHELLE
Address: 5715 PINKNEY AVE
City-St-Zip: SARASOTA, FL 34233 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEAD, ANDREW
Address: 6417 BLUE GROSBEAK CIRCLE
City-St-Zip: BRADENTON, FL 34202 US

Title: V (X) Change () Addition
Name: MEAD, MICHELLE
Address: 6417 BLUE GROSBEAK CIRCLE
City-St-Zip: BRADENTON, FL 34202 US

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: MICHELLE MEAD

VP

10/17/2008

Electronic Signature of Signing Officer or Director

Date