



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                         |  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>DOCUMENT # P02000072891</b><br>1. Entity Name<br><b>HOLMBERG ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                                                                                                      |  | <b>FILED</b><br><b>07 OCT 17 PM 2:59</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br><br><b>REINSTATEMENT</b> 07 |  |                                                             |  |
| Principal Place of Business<br><b>15018 EAGLERISE DRIVE</b><br><b>LITHIA, FL 33547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  | Mailing Address<br><b>15018 EAGLERISE DRIVE</b><br><b>LITHIA, FL 33547</b>                                                                                                                                                            |  |                                                                                                                                                                                                         |  |                                                             |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                              |  |                                                                                                                                                                                                         |  |                                                             |  |
| 4. FEI Number<br><b>32-0024581</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |                                                                                                                                                                                                         |  |                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |  |                                                                                                                                                                                                         |  |                                                             |  |
| 6. Name and Address of Current Registered Agent<br><b>HOLMBERG, TAMMY J</b><br><b>15018 EAGLERISE DRIVE</b><br><b>LITHIA, FL 33547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 <i>Tammy J. Holmberg</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | <i>Tammy J. Holmberg</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                               |  |                                                                                                                                                                                                         |  | DATE <b>10-15-07</b>                                        |  |
| <b>FILE NOW!!! FEE IS \$750.00</b><br><b>After January 1, 2008, Fee will be \$900.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                         |  |                                                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |  |                                                                                                                                                                                                         |  |                                                             |  |
| TITLE <b>P</b> <input type="checkbox"/> Delete<br>NAME <b>HOLMBERG, TAMMY J</b><br>STREET ADDRESS <b>15018 EAGLERISE DRIVE</b><br>CITY-ST-ZIP <b>LITHIA, FL 33547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      |  |                                                                                                                                                                                                         |  | <b>300110914173</b><br><b>10/17/07--01063--023 **750.00</b> |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      |  |                                                                                                                                                                                                         |  |                                                             |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      |  |                                                                                                                                                                                                         |  |                                                             |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      |  |                                                                                                                                                                                                         |  |                                                             |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      |  |                                                                                                                                                                                                         |  |                                                             |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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: <i>Tammy J. Holmberg</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | <b>10-15-07</b><br><small>Date</small>                                                                                                                                                                                                |  |                                                                                                                                                                                                         |  | <b>813-727-0749</b><br><small>Daytime Phone #</small>       |  |