

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000078510

1. Entity Name
GOD'S SUCCESSFUL BUSINESS, INC.



EILED

04 NOV -1 PM 2: 50

TALLAHASSEE, FLORIDA

Principal Place of Business
410 VICTORY GARDEN DR #110 175
TALLAHASSEE, FL 32301

Mailing Address
410 VICTORY GARDEN DR #110 175
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012004

REIN-P

CR2E098 (6/04)

4. FEI Number

71-0895142

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

WILLIAMS, CYNTHIA B
410 VICTORY GARDEN DR #110 175
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME WILLIAMS, CYNTHIA B
STREET ADDRESS 410 VICTORY GARDEN DR #110
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS
NAME WILLIAMS, SAMUEL
STREET ADDRESS 410 VICTORY GARDEN DR #110
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Cynthia B Williams

11-01-2004

Daytime Phone #

410-5182