

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000085998	
1. Entity Name GUMBALL KING, INC.	



FILED

06 DEC 13 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7300 NW 17TH ST. 401 PLANTATION, FL 33313	Mailing Address 7300 NW 17TH ST. 401 PLANTATION, FL 33313
--	--

2. Principal Place of Business 7300 NW 17th St. Suite, Apt. #, etc. 401	3. Mailing Address 7300 NW 17th St. Suite, Apt. #, etc. #401
--	---

City & State Plantation FL-33313	City & State Plantation FL
Zip 33313	Country USA



4. FEI Number 42-1548001	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, JEFF D DPS 7300 NW 17TH ST. #401 PLANTATION, FL 33313	
---	--

7. Name and Address of New Registered Agent Name Jeff Brown Street Address (P.O. Box Number is Not Acceptable) 7300 NW 17th St. #401 City Plantation FL Zip Code 33313	
---	--

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>Jeff Brown</i> Signature, typed or printed name of registered agent and title if applicable.	President 11/18/06 DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	Correct - diff notice! In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS BROWN, JEFF D DPS 7300 NW 17TH ST. #401 PLANTATION, FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300082521543 12/13/06--01046--007 **\$8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300082521543 12/13/06--01046--006 **\$150.00
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
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: <i>Jeff Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Jeff Brown 11/18/06 Date	954-243-7368 Daytime Phone #
---	--------------------------------	---------------------------------