


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000087525 1. Entity Name WHISKEY SIERRA INC.			FILED 06 DEC 12 PM 5:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 7730 INDUSTRIAL RD WEST MELBOURNE, FL 32904		Mailing Address 7730 INDUSTRIAL RD WEST MELBOURNE, FL 32904	
2. Principal Place of Business 9710 W. Palmetto Club Ln. Suite, Apt. #, etc.		3. Mailing Address 9710 W. Palmetto Club Ln. Suite, Apt. #, etc.	
City & State Miami, Fla		City & State Miami Fla	
Zip 33157		Zip 33157	
4. FEI Number 46-0495704		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional <input type="checkbox"/> Fee Required	
6. Name and Address of Current Registered Agent SHAW, WILLIAM J 9 S SHELL RD DEBARY, FL 32713		7. Name and Address of New Registered Agent Name: William J. Shaw Street Address (P.O. Box Number is Not Acceptable): 9710 W. Palmetto Club Ln. City: Miami FL Zip Code: 33157	
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>William John Shaw (D/P)</u> William John Shaw <u>06 Dec 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete SHAW, WILLIAM J 9 S SHELL RD DEBARY, FL 32713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William J. Shaw 9710 W. Palmetto Club Ln Miami Fla 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082458675 12/12/06--01013--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>William John Shaw</u> William John Shaw (D/P) <u>06 Dec 06</u> 305-796-6822 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>		<small>Date</small>	

REINSTATEMENT 2006
1162006 REIN P CR2E088 (11/02)