## 2005 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

DOCUMENT # P02000103870 WELCH SERVICES, INC. Principal Place of Business Mailing Address PO BOX 2532 1372 BLOUNTSTOWN HWY D TALLAHASSEE, FL 32316 TALLAHASSEE, FL 32304 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11142005 REIN-P CR2E098 (6/04) Applied For City & State City & State 4. FEI Number 59-3426618 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELCH, TERESA. 1372 BLOUNTSTOWN HWY D Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32304 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2006, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition Detete HILE TITLE WELCH, TERESA NAME NAME STREET ADDRESS STREET ADDRESS 1372 D BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 CITY-SI-ZIP CITY-ST-ZIP skipper, melissa VD ☐ Addition TITLE ☐ Delete WELCH, MELISSA MAME NAME 1372 D BLOUNTSTOWN HWY STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32304 CHY-SI-ZIP CITY-ST-ZIP ☐ Change Addition Delcto 1016 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete -THILE ---Changer TITLE NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS 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

payerofe

WELCH SERVICES, INC. PO BOX 2532
TALLAHASSEE, FL. 32316
PHONE: (850) 224-1199

FAX: (850) 576-3596

Florida Department of State 11/18/05 Division of Corporations PO Box 6327 Tallahassee, Fl. 32314

Ref. Number: P02000103870

Per my converation with Tina today, I am sending you a letter stating that I did not receive any prior notice, and am asking that you please waive the reinstatment fee. Welch Services has previously filed on time each year, and the \$150.00 has already been filed, check number 14185. Thank you for your time and consideration.

Melissa Welch Skipper

Vice President

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