

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

05 MAY -5 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000053351			
1. Entry Name MIKE'S GIT N GO INC.			
Principal Place of Business 4338 BASSWOOD ROAD GREENWOOD, FL 32443		Mailing Address 4338 BASSWOOD ROAD GREENWOOD, FL 32443	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 33-1058124		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, MICHAEL W 4062 BRYAN STREET GREENWOOD, FL 32443		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reestablishing)			
FILE NOW!!! FEE IS \$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	PVST HENRY, MICHAEL W 4062 BRYAN STREET GREENWOOD, FL 32443 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 500054510135 05/13/05--01046--014 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRY, MICHAEL W 4062 BRYAN STREET GREENWOOD, FL 32443 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HENRY, SUSAN N 4062 BRYAN STREET GREENWOOD, FL 32443 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRY, SUSAN N 4062 BRYAN STREET GREENWOOD, FL 32443 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 4/3/12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 files empowered.			
SIGNATURE: <u>Susan N. Henry</u>		Date: <u>4-28-05</u> Daytime Phone #: <u>850 594-6600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR <u>Susan N. Henry</u>			

