2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000055865

1. Entity Name
MCGINNIS AND SON'S INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -4 PM 3:24

Principal Place of Business	Mailing Address
16723 BEARLE RD. ORLANDO, FL 32828	16723 BEARLE RD. ORLANDO, FL 32828

10152004 REIN-P CR2E098 (6/04)

2. Principal Place of Business: 16723 Bearle Rd
Suite, Apt. #, etc.
City & State: ORlAndo, FL
Zip: 32828 Country: USA

3. Mailing Address: SAme
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 38-3681580 ☐ 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
~~MCGINNIS, SHERRY L~~ 16723 BEARLE RD. ORLANDO, FL 32828	Name Street Address (P.O. Box Number is Not Acceptable) 700042205247 10/26/04--01103--003 **758.75 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: Sherry L. McGinnis - President 10-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ ~~Sherry McGinnis~~ sorry ~~16723 Bearle Rd~~ ~~ORlando FL 32828~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S Sherry McGinnis SAme 16723 Bearle Rd ORlAndo, FL 32828 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Vice President~~ ~~Kenneth McGinnis~~ ~~16723 Bearle Rd~~ ~~ORlando, FL 32828~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T Kenneth McGinnis 16723 Bearle Rd ORlAndo, FL 32828 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Sherry L. McGinnis · Sherry McGinnis 10-21-04 407-948-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 407-568-0056