

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000124326

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** WHISKEY RIVER EXPRESS, INC.

**Current Principal Place of Business:**

235 S ILAKEE AVE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 200  
LAKE ALFRED, FL 33850

**New Mailing Address:**

**FEI Number:** 27-0069410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULLER, HAROLD  
235 S ILAKEE AVE  
LAKE ALFRED, FL 33850 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** HAROLD FULLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** FULLER, RICHARD W  
**Address:** 235 S ILAKEE AVE  
**City-St-Zip:** LAKE ALFRED, FL 33850

**Title:** PRES  
**Name:** FULLER, HAROLD W  
**Address:** 235 S ILAKEE AVE  
**City-St-Zip:** LAKE ALFRED, FL 33850

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HAROLD FULLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/27/2011

\_\_\_\_\_  
Date