

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11202008 REIN-P CR2E098 (1/07)

4. FEI Number  
42-1611348

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BULLER, ROYSE G  
8658 REDWOOD DR.  
ST. JAMES CITY, FL 33956

## 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 *Royse G Buller* 11/20/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, 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

TITLE PRES  
NAME BULLER, ROYSE G ☐ Delete  
STREET ADDRESS 8658 REDWOOD DR.  
CITY-ST-ZIP ST. JAMES CITY, FL 33956

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 803138181438  
CITY-ST-ZIP 11/27/08--01036--010 \*\*150.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *Royse G Buller* 11/20/08 2392833007  
Signature and typed or printed name of signing officer or director Date Daytime Phone #