2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000149336

Address:

City-St-Zip:

9895 SW 96 ST

MIAMI, FL 33176

Entity Name: PAULA CARTER ENTERPRISES INC

FILED Nov 14, 2008 Secretary of State

Littley Hai	iic. TAOLAC	DARTER ENTER MOLO, INO.				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
9895 SW 96 ST MIAMI, FL 33176				401 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 33701		
Current Mailing Address:			New Mailing Address	New Mailing Address:		
9895 SW 96 ST MIAMI, FL 33176				401 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 33701		
FEI Number:	20-0493598	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:		
SASSO, PAUL R ESQ 7721 SW 62 AVE STE 202 MIAMI, FL 33176 US				CARTER, PAULA S 401 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,		
SIGNATURE: PAULA S. CARTER				11/14/2008		
	Electro	nic Signature of Registered Ag	ent	Date		
		93(2)(b), F.S., the corporation did nog Trust Fund Contribution ().	ot receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (CARTER, PAU 9895 SW 96 S MIAMI, FL 331	т	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	V (CARTER, DON) Delete IALD J	Title: Name:	() Change () Addition		

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA S. CARTER P 11/14/2008