

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000006392

Entity Name: SVB FOOTER SPECIALTY INC

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

1216 N HART ROAD
ORLANDO, FL 32818 US

New Principal Place of Business:

1436 MIST FLOWER LANE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

1216 N HART ROAD
ORLANDO, FL 32818 US

New Mailing Address:

1436 MIST FLOWER LANE
WINTER GARDEN, FL 34787 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOYD, FIONDA B MRS
1216 N HART BLVD
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

BOYD, FIONDA B MRS
1436 MIST FLOWER LANE
WINTER GARDEN, FL 34787 US

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: FIONDA BOYD

04/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BOYD, SAMUEL V
Address: 1216 N HART ROAD
City-St-Zip: ORLANDO, FL 32818 US

Title: CFO () Delete
Name: BOYD, FIONDA
Address: 1216 N HART ROAD
City-St-Zip: ORLANDO, FL 32818 US

Title: S () Delete
Name: BOYD, ASHLEY
Address: 1216 N HART ROAD
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BOYD, SAMUEL V
Address: 1436 MIST FLOWER LANE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: CFO (X) Change () Addition
Name: BOYD, FIONDA
Address: 1436 MIST FLOWER LANE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: S (X) Change () Addition
Name: BOYD, ASHLEY
Address: 1436 MIST FLOWER LANE
City-St-Zip: WINTER GARDEN, FL 34787 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MRS. FIONDA BOYD

CFO

04/03/2007

Electronic Signature of Signing Officer or Director

Date