

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 10, 2007  
Secretary of State**

DOCUMENT# P04000023263

Entity Name: TOM EPPLEY, INC.

**Current Principal Place of Business:**

506 NEAPOLITAN LANE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

506 NEAPOLITAN LANE  
NAPLES, FL 34103

**New Mailing Address:**

C/O L COTTON THOMAS & CO, CPA'S  
620 W. THIRD, SUITE 400  
LITTLE ROCK, AR 72201 22

FEI Number: 20-0694182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EPPLEY, TOM  
506 NEAPOLITAN LANE  
NAPLES, FL 34103 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: TOM EPPLEY

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EPPLEY, TOM  
Address: 506 NEAPOLITAN LANE  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR (X) Change ( ) Addition  
Name: EPPLEY, TOM  
Address: 506 NEAPOLITAN LANE  
City-St-Zip: NAPLES, FL 34103

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: TOM EPPLEY

Electronic Signature of Signing Officer or Director

MR.

10/10/2007

Date