

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000025335

Entity Name: POWERS PRIDE, INC.

FILED
Oct 22, 2008
Secretary of State

Current Principal Place of Business:

8824 MILLPOINT RD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 132
BALM, FL 33503 US

New Mailing Address:

FEI Number: 20-0690631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, THOMAS
8824 MILLPOINT RD
RIVERVIEW, FL 33569 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: THOMAS POWERS

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: P () Delete
Name: POWERS, THOMAS
Address: P.O. BOX 132
City-St-Zip: BALM, FL 33503

Title: D () Delete
Name: THOMAS, ANTHONY
Address: P.O. BOX 132
City-St-Zip: BALM, FL 33503 US

Title: D () Delete
Name: HARPER, GREG
Address: P O BOX 132
City-St-Zip: BALM, FL 33503 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANTHONY, THOMAS
Address: P.O. BOX 132
City-St-Zip: BALM, FL 33503 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DEIDRE, RAMEY L
Address: PO BOX 132
City-St-Zip: BALM, FL 33503

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: THOMAS POWERS

P

10/22/2008

Electronic Signature of Signing Officer or Director

Date