2008 FOR PROFIT CORPORATION REINSTATEMENT

ACT AND A COUNTY ADDRESS AND STREET ADDRESS OFFICERS AND DIRECTORS OFFICERS	KEINSTATEMENT					
Principal Place of Business 385 HARMONY MAY 0PEOUR 1 32765 US 0PEOUR 23765 US	1. Entity Name	630			8: N8	
### Supply As Ave ### Supply ###	385 HARMONY WAY	P.O. BOX 622766	us	SECRETARY OF S	STATE	
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6. Name and Address of Current Registered Agent HUSBANDS, JUDY E DR 3954 VERSAILLES DRIVE ORLANDO, FL 32808 8. The above named critiry submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS ITIE NAME HUSBANDS, JUDY E DR 3954 VERSAILLES DRIVE ORLANDO, FL 32808 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITIE NAME NAME STRET ADDRESS OTY-S1-7P ITIE NAME Delete ITIE NAME STRET ADDRESS OTY-S1-7P ITIE NAME Delete ITIE NAME Delete ITIE NAME STRET ADDRESS OTY-S1-7P ITIE NAME Delete ITIE NAME STRET ADDRESS OTY-S1-7P ITIE NAME STRET AD	ALTAMONTE SPRINGS	ACity & State ALTAMONTE	·····	1	Applied For Not Applicable	
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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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ##600.00 194. 15/0801032001	3954 VERSAILLES DRIVE Street Addres			dress (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. ### PILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE NAME STREET ADDRESS CITY-S1-2P 1711 1712 1714 1714 1715 1716 1717 1717 1717 1717 1718	ONDAINDO, FL 32000		1		E	
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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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: Date						

R4/16