


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000035507		
1. Entity Name WILLIAM J. SWEENEY, INC.		

FILED

07 AUG -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 2927 KEY WEST, FL 33045-2927	Mailing Address P.O. BOX 2927 KEY WEST, FL 33045-2927
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2. Principal Place of Business - No P.O. Box # 1541 Fifth Street	3. Mailing Address SAFARI
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Key West, FL	City & State
Zip 33040	Country Monroe



052 (07) REINSTATEMENT 06-07

6. Name and Address of Current Registered Agent MILLS, PAUL S 1541 FIFTH STREET KEY WEST, FL 33040	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. SIGNATURE: Paul S Mills Paul S Milk DATE: 7/30/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, WILLIAM J P.O. BOX 2927 KEY WEST, FL 330452927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300107549403 08/08/07--01047--008 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>William J. Sweeney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>May 26 '07</u> Daytime Phone #: <u>305-731-0057</u>