

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000037107

Entity Name: HIS RICHES, INC.

FILED
Oct 28, 2009
Secretary of State

Current Principal Place of Business:

2808 PINNACLE POINT DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

305 SECLUSION BOULEVARD
CRESTVIEW, FL 32536

New Mailing Address:

2808 PINNACLE POINT DRIVE
CRESTVIEW, FL 32539

FEI Number: 84-1640901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOBLEY, SYLVIA
305 SECLUSION BOULEVARD
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

MOBLEY, SYLVIA
2808 PINNACLE POINT DRIVE
CRESTVIEW, FL 32539 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: SYLVIA MOBLEY

10/28/2009

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: PD () Delete
Name: MOBLEY, STEVE
Address: 2808 PINNACLE POINT DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD () Delete
Name: MOBLEY, BRANDON
Address: 2808 PINNACLE POINT DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: TD () Delete
Name: MOBLEY, SYLVIA
Address: 305 SECLUSION BOULEVARD
City-St-Zip: CRESTVIEW, FL 32536

Title: SD () Delete
Name: WHITE, ALEXANDRIA
Address: 2808 PINNACLE POINT DRIVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: MOBLEY, SYLVIA
Address: 2808 PINNACLE POINT DRIVE
City-St-Zip: CRESTVIEW, FL 32539

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

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: SYLVIA MOBLEY

TD

10/28/2009

Electronic Signature of Signing Officer or Director

Date