


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041258 1. Entity Name CALVIN E MOODY, INCORPORATED						FILED 06 MAR -6 AM 8:35 OFFICE OF THE CLERK TALLAHASSEE, FLORIDA	
Principal Place of Business 486 RAWLES AVE ORLANDO, FL 32833				Mailing Address 486 RAWLES AVE ORLANDO, FL 32833			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MOODY, CALVIN E 486 RAWLES AVE ORLANDO, FL 32833				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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: <u><i>Calvin E Moody</i></u> <u>President</u> 3-4-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MOODY, CALVIN E 18918 BELVEDERE RD. ORLANDO, FL 32820			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 700067945267 03/16/06--01006--017 ***300.00 </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOODY, JASON A 1028 MANOR DR., APT. A ORLANDO, FL 32807			TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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><i>Calvin E Moody</i></u> <u>Calvin E Moody</u>				3-4-06 (407) 394-0642			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			