

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000041915

FILED
Oct 18, 2007
Secretary of State

Entity Name: TWO TEARS IN A BUCKET INC

Current Principal Place of Business:

6940 SW 36TH CT
MIRAMAR, FL 33023

New Principal Place of Business:

1025 SHARAR AVE
OPA LOCKA, FL 33054

Current Mailing Address:

6940 SW 36TH CT
MIRAMAR, FL 33023

New Mailing Address:

1025 SHARAR AVE
OPA LOCKA, FL 33054

FEI Number: 57-1193238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONDER, GARY
1829 9TH AVE S
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

AAGAP CONSULTANTS INC
2400 MLK ST S
STE C
ST PETERSBURG, FL 33705 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: GARY PONDER

10/18/2007

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: BAKER, IVORY G
Address: 6940 SW 36TH CT
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAKER, IVORY G
Address: 1025 SHARAR AVE
City-St-Zip: OPA LOCKA, FL 33054

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: IVORY G BAKER

P

10/18/2007

Electronic Signature of Signing Officer or Director

Date