


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 17 PM 4:49

DOCUMENT # P04000088065

1. Entity Name
SECOND SON INC.



Principal Place of Business
17 SOUTH O STREET
#1
LAKE WORTH, FL 33460

Mailing Address
17 SOUTH O STREET
#1
LAKE WORTH, FL 33460

2. Principal Place of Business - No P.O. Box #
5600 N FLAGLER DR
Suite, Apt. #, etc.
SUITE 405
City & State
WEST PALM BEACH FL
Zip
33407
Country
US

3. Mailing Address
5600 N FLAGLER DR
Suite, Apt. #, etc.
SUITE 405
City & State
WEST PALM BEACH FL
Zip
33407
Country
US



12052008 REIN-P CR2E098 (1/07)

4. FEI Number
20-1214295

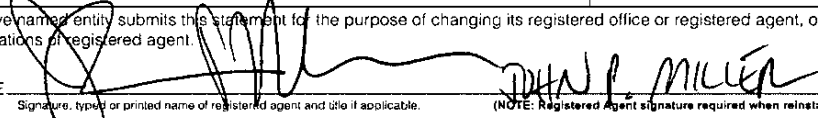
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, JOHN P
2499 GLADES RD
BOCA RATON, FL 33421

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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  DATE 12-05-2008

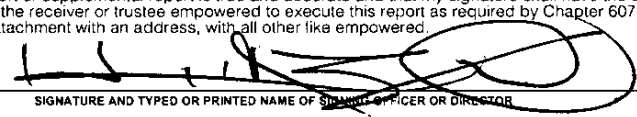
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$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	D BAUTISTA, MOZART A 17 SOUTH O STREET #1 LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139095299 12/17/08--01025--006 **150.00
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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:  DATE 12-05-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR