2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000096303

City-St-Zip:

GAINESVILLE, FL 32601 US

FILED Nov 02, 2009 Secretary of State

Entity Nan	ne: PEDDIE HO	OLDINGS, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
405 NE 4TH GAINESVIL	H AVENUE LLE, FL 32601	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
405 NE 4TH GAINESVIL	H AVENUE LLE, FL 32601	US			
FEI Number:	20-1510937	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PEDDIE, BRIAN 405 NE 4TH AVE. GAINESVILLE, FL 32601 US			PEDDIE, BRIAN E DR 405 NE 4TH AVE. GAINESVILLE, FL 3260		
The above in the State		bmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BRIAN E PEDDIE				11/02/2009	
	Electronic	Signature of Registered Agen	t	Date	
	,	2)(b), F.S., the corporation did not (receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D PEDDIE, BRIAN E 405 NE 4TH AVEN GAINESVILLE, FL	NUE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D PEDDIE, EDWAR 3007 NW 58 BOU GAINESVILLE, FL	JLEVARD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () D PEDDIE, SUSANN 405 NE 4TH AVEN		Title: (Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: BRIAN E. PEDDIE DR. 11/02/2009