

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000113368

1. Entity Name
ROULETTE JUMPERS, INC.



FILED

2007 FEB -5 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312007 REIN-P CR2E098 (1/07)

Principal Place of Business
**PO BOX 771138
OCALA, FL 34477**

Mailing Address
**PO BOX 771138
OCALA, FL 34477**

2. Principal Place of Business - No P.O. Box #
440 NW 113th Cir
Suite, Apt. #, etc.

3. Mailing Address
150 Royal Poinciana Plaza
Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Palm Beach, FL

Zip
34482

Country
USA

Zip
33480

Country
USA

4. FEI Number
26-0102362

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ERNST, WAVERLY
10780 NW 35TH ST
OCALA, FL 34482**

7. Name and Address of New Registered Agent
Name **(Same)**
Street Address (P.O. Box Number is Not Acceptable)
440 NW 113th Cir
City **Ocala** FL Zip Code **34482**

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 **Waverly A Ernst** **1/31/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ERNST, WAVERLY PO BOX 771138 OCALA, FL 34477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) 440 NW 113th Cir Ocala, FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Waverly A Ernst** **1/31/07** **772-263-1119**
Signature and typed or printed name of signing officer or director. Daytime Phone #

2/6 ad