2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000149263

DAVIA, ELAINE A

1261 CRANE BLVD

SUMMERLAND KEY, FL 33042

Name:

Address:

City-St-Zip:

Entity Name: 1327 WHITE STREET, INC.

FILED Dec 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1327 WHITE STREET KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 1327 WHITE STREET KEY WEST, FL 33040 FEI Number: 32-0130014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMCHAK, LAURA 1327 WHITE STREET KEY WEST, FL 33040 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: LAURA DEMCHAK 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DEMCHAK, LAURA Name: Name: 1327 WHITE STREET Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: DEMCHAK, MICHAEL Name: 1327 WHITE STREET Address: Address: KEY WEST, FL 33040 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition PIRANIO, JOHN M Name: Name: 1261 CRANE BLVD Address: Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip: Title: SEC () Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAURA DEMCHAK PD 12/21/2007