


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB -3 AM 10:05

DOCUMENT # P04000150226	
1. Entity Name H. MICHAEL EWING, INC.	

Principal Place of Business 450 NE 33RD STREET POMPANO BEACH, FL 33064	Mailing Address 450 NE 33RD STREET POMPANO BEACH, FL 33064
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01302009 REIN-P CR2E098 (1/07)

4. FEI Number 20-1837632		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHUPACK, ROBERT A ESQ. 4800 N. FEDERAL HIGHWAY SUITE 102-E BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name: Michael Ewing Street Address (P.O. Box Number is Not Acceptable): 151 NE 24th street City: Pompano Beach FL Zip Code: 33064
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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: 1-30-09

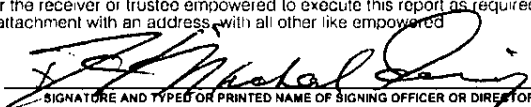
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P H. MICHAEL EWING 151 NE 23 STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500142731195 02/03/09--01020--024 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 08-09KS

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: 1-30-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR