2006 FOR PROFIT CORPORATION REINSTATEMENT

		· · · · · · · · · · · · · · · · · · ·		,								
DOCUMENT # P04000153631 1. Entity Name DAN BOUDREAU, INC.						File						
DAN BU	JDREAU, INC.						,)6 SEP	25 "	' <i>L</i> ;;	20	
Principal Plac	e of Business	Mailing Address			1.	^)		V.				
931 N. SR 4 Suite 1201 Altamonte		931 N. SR 434 Suite 1201-255 Altamonte Springs,	FL 327	14	0	Who I	1	ALL#17	-		34 WA 7	
											[1]	
2. Principal Place of Business 3. Mailing Address 3.325 Red Ash Cir 3325 Red Ash Suite, Apt. #, etc. Suite, Apt. #, etc.					ç	aeiba	& F A	TEA.A				
City & Stat		City & State			Ĭ,	4. FEI Numi			R2E098/(1		Y O Φ plied For ₩	
0010	Oviedo, F	Coun	try		4. FEI INCIIII	uer		f 0.7	Not	Applicable		
ブ270	6. Name and Address of Current F	32766		<u> </u>			e of Status D		Fee R	5 Addi equired	lional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name												
BOUDREAU, DAN 931 N. SR 434					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 1201-255 ALTAMONTE SPRINGS, FL 32714												
					ried	ه			FL 3	S Code	666	
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.												
SGNATURE September 19 July 19												
							1					
FI	LE NOWIII FEE IS \$300.00							dance with s ion did not r				
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS	STOHANGES	TO OFFICER	S AND DIDE	CTOBS	1NI 11	
TITLE	DPTS .	☐ Delete	TITL	.		ADDITION	J/CHANGES	10 0111021			Addition	
NAME	BOUDREU, DAN	C Delete	NAM	1						italigo		
STREET ADDRESS	931 N. SR 434		STRE	ET ADDRESS	332	J Re	ed As	h Cir				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327	14	CITY	-ST-ZIP	OV	riedo,	EL 3	2766				
TITLE	VP	☐ Delete	TITL	- 1		,			□ c	hange	☐ Addition	
NAME	BOUDREAU, DAN		NAM		737	5 Rea	1 Ash	Cir				
STREET ADDRESS CITY-ST-ZIP	931 N. SR 434 ALTAMONTE SPRINGS, FL 327	14		ET ADDRESS -ST-ZIP	Ovi	edo,	FC 32	766				
TITLE NAME		☐ Delete	TITLI NAM	1					□ c	hange	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS		5		3027 01005	190	5.000	o	
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP		0972	3/05	J1UU5==1	** €!!!! D □		Addition	
NAME		□ Delete	NAM	1					_ ·	ikango		
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP								
TITLE		☐ Delete	TITL	l						hange	☐ Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS								
CITY-ST-ZIP				-ST-ZIP								
TITLE NAME		☐ Delete	TITU						□ c	hange	Addition	
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP				-ST-ZIP			(A m) :: =				, .	
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 tyustee empoyared 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: Y WILLIAM 9-25-06												
	SIGNATURE AND TYPES OR B	CHEED MAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytime F	'hone #		