

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000153631 1. Entity Name DAN BOUDREAU, INC.			FILE 06 SEP 20 4:20 TALLAHASSEE, FLORIDA
Principal Place of Business 931 N. SR 434 SUITE 1201-255 ALTAMONTE SPRINGS, FL 32714		Mailing Address 931 N. SR 434 SUITE 1201-255 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 3325 Red Ash Cir Suite, Apt. #, etc.		3. Mailing Address 3325 Red Ash Cir Suite, Apt. #, etc.	
City & State Oviedo, FL Zip Country 32766		City & State Oviedo, FL Zip Country 32766	
4. FEI Number		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 BOUDREAU, DAN 931 N. SR 434 SUITE 1201-255 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3325 Red Ash Cir. City Oviedo FL Zip Code 32766	
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: 9-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	DPTS BOUDREAU, DAN 931 N. SR 434 ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3325 Red Ash Cir Oviedo, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUDREAU, DAN 931 N. SR 434 ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3325 Red Ash Cir Oviedo, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080271905 09/29/06--01005--009 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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: 9-25-06 Daytime Phone #	