2007 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA	FILED						
DOCU	MENT # P04000163							
WOODA							M 9: 36	
Principal Place of Business Mailing Address 349 SOMERSET DR. 349 SOMERSET DR.				K	The state of the s	SECRET	ARY (OF STATE FLORIDA
DAVENPORT, FL 33897 US DAVENPORT, FL 33			97 US		REINSTATE	Wilh	U	6-01
Principal Place of Business 3. Mailing Address 3. Mailing Address				^				
Suite, Apt. #, etc.		349 Somerset PR. Suite, Apt. #, etc.			01022007 REIN-P CR2E098 (11/05)			
City & Sta		City & State DAUEAPOIL F1			4. FEI Number Applied For 38-3712686 Not Applicable			
33897	Country	33897	Coun	itry 1/C	Certificate of Status Desired		3.75 Add e Required	litional
	6. Name and Address of Current F	7. Name and Address of New Registered Agent						
WOODAL	L, TODD M	Name						
349 SOMERSET DR. DAVENPORT, FL 33897				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
The above named entity submits this statement for the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purp					ed agent, or both, in the State of Flo	· - !	iliar with.	and accept
the obligations of registered agent.								
SIGNATURE Dealed M w Docked Signature. Nyped or printed name of registered agent and other it applicable. (MOTE: Registered Agent algoritative required when refinistating) DATE								
	LE NOW!!! FEE IS \$900.00							
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTORS	3 IN 11
TITLE NAME	P TODD, WOODALL M	☐ Delete	TETLE)	Faccas		Change	Addition
STREET ADORESS CITY-ST-ZIP	SS 349 SOMERSET DR. STR			ET ADORESS -ST-ZIP	500083 01/05/070105	452L 3004	**30°	0.00
TITLE		Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAMI	ET ADDRESS				
CITY-ST-ZIP			CITY	SI-ZIP		· · · · · ·		
TITLE NAME		☐ Delete	TITLE	į.			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADORESS ST-ZIP				
TITLE	·	☐ Delete	TITLE				Change	Addition
NAME Street adoress			NAME	ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ Delete	IIILE	ľ			Change	Addition
NAME Street address			NAME	T ADORESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ Delete	TITLE	i i			Change	Addition
NAME Street address			NAME STREE	T ADORESS				
CITY-ST-ZIP				ST-ZIP				
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: Toda in woodall Foldin woodal 1.2.07 407-448-8667								
	SIGNATURE AND TYPED OR PRI	*** EU NAME OF SIGNING OFFICER OF	ORECTI) · · · · · · · · · · · · · · · · · · ·	Date	Deytim	e Phone #	

1/00

To whom it may concern,

I was checking my business for the year end and noticed that that my corporation was inactive.i had sent out a check on april 17 but apparently it never got to you.when i found this out i called you and the lady told me to send a check for 2006 at \$150.00 and send another \$150.00 for 2007 along with a note stating that i did send out check on april 17 which for some reason never got to you .sorry for the inconvenience.

7500 m 1 004000163964

Dolly 000163964