

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000164401

**Entity Name:** WHITE BITE, INC.

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5006 HICKORY HILL DRIVE  
LA GRANGE, KY 40031

**New Principal Place of Business:**

**Current Mailing Address:**

5006 HICKORY HILL DRIVE  
LA GRANGE, KY 40031

**New Mailing Address:**

**FEI Number:** 20-2019402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD  
SUITE 505  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

ANDERSON, J. PATRICK  
2200 FRONT STREET  
301  
MELBOURNE, FL 32901 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: J. PATRICK ANDERSON

09/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHACE, MARK  
Address: 5006 HICKORY HILL DRIVE  
City-St-Zip: LA GRANGE, KY 40031

Title: D  
Name: CHACE, ANN MARIE  
Address: 5006 HICKORY HILL DRIVE  
City-St-Zip: LA GRANGE, KY 40031

Title: D  
Name: WILSON, GEORGE M  
Address: 2505 E. LAURA COURT  
City-St-Zip: VISALIA, CA 93292

Title: D  
Name: WILSON, SUSAN  
Address: 2505 E. LAURA COURT  
City-St-Zip: VISALIA, CA 93292

I hereby 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 all other like empowered.

SIGNATURE: MARK CHACE

D

09/28/2010

Electronic Signature of Signing Officer or Director

Date