



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000025385						FILED	
1. Entity Name HE PROVIDES, INC.				08 MAR -6 AM 8:53		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2225 SE SEAMIST DR. PORT ST LUCIE, FL 34952		Mailing Address 535 HIGH HAWK VERO BEACH FL 32962					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		REINSTATEMENT 02-08 <small>02/20/08 09:29:09 (1/07)</small>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 73-1729446		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RINDERKNECHT, LINDA 2225 SE SEAMIST DR. PORT ST LUCIE, FL 34952				Name: JOHNNY DEMSICK Street: 535 HIGH HAWK CIR SW VERO BEACH FL 32962 City: _____ State: FL Zip Code: _____			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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	P T DEMSICK, JOHNNY 2225 SE SEAMIST DR PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 535 HIGH HAWK CIR SW VERO BEACH FL 32962		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S DEMSICK, DEBBIE 2225 SE SEAMIST DR PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 535 HIGH HAWK CIR SW VERO BEACH FL 32962		
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 800119592798 03/06/08--01046--008 **300.00		
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		
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		
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		
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: <i>Johnny Demsick, President</i>				3/3/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			