

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000040902

1. Entity Name
TRADEWINDS SURVEYORS & MAPPERS, INC.



FILED
08 OCT 27 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**200 SW 3RD AVENUE
OKEECHOBEE, FL 34974 US**

Mailing Address
**P.O. BOX 1385
OKEECHOBEE, FL 34973 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10232008 REIN-P CR2E098 (1/07)

4. FEI Number
20-4522994

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BREAUX JR., KENNETH A
200 SW 3RD AVENUE
OKEECHOBEE, FL 34974**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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: *Kenneth A Breaux Jr.* **10/23/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$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	PRES BREAUX JR., KENNETH A 200 SW 3RD AVENUE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900137323769 10/27/08--01053--007 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00	
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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: *Kenneth A Breaux Jr.* **KENNETH A BREAUX JR.** **10/23/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **863-763-2887**