

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000076540

Entity Name: FLUELLEN'S INC

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

1129 N.W. OAKLAND AVE
LAKE CITY, FL 32055 US

New Principal Place of Business:

10296 NORRIS RD
WHITE SPRING, FL 32096 US

Current Mailing Address:

1129 N.W. OAKLAND AVE
LAKE CITY, FL 32055 US

New Mailing Address:

10296 NORRIS RD
WHITE SPRING, FL 32096 US

FEI Number: 20-2945663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLUELLEN, RAYMOND L
1129 N.W. OAKLAND AVE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

FLUELLEN, RAYMOND L
10296 NORRIS RD
WHITE SPRING, FL 32096 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: RAYMOND L FLUELLEN

08/29/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLUELLEN, RAYMOND L
Address: 3412 WRIGHTSBORO RD SUITE 902 PMB 112
City-St-Zip: AUGUSTA, GA 30909 US

Title: P () Delete
Name: FLUELLEN, CHARLES K
Address: 1609 WATERSWOOD RD
City-St-Zip: BALTIMORE CITY, MD 21239 US

Title: VP () Delete
Name: TORRES, GLENDA N
Address: 3650 HICKOY PARK DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: S () Delete
Name: FLUELLEN, THOMAS N
Address: 217 S.W. THOMAS TER.
City-St-Zip: LAKE CITY, FL 32024 US

Title: T () Delete
Name: FLUELLEN, ROOSEVELT N
Address: 851 BERT ROAD APT 9
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES K FLUELLEN

P

08/29/2007

Electronic Signature of Signing Officer or Director

Date