2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000110689

Address:

City-St-Zip:

2110 MONDAY DR.

TALLAHASSEE, FL 32301

Intity Name: WILLIAM ROUSE ENTERPRISES CORP

FILED Jun 07, 2007 Secretary of State

| Entity Nan | 1e: WILLIAM RO | JUSE ENTERPRISES CORP | | | |
|---|--|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Pl | New Principal Place of Business: | |
| P. O. BOX (TALLAHAS | 6364 SEE, FL 32314 | 13 | | | |
| Current Mailing Address: | | | New Mailing Add | New Mailing Address: | |
| P. O. BOX (TALLAHAS | 6364 SEE, FL 32314 | 13 | | | |
| FEI Number: | 41-2181925 | FEI Number Applied For() | FEI Number Not Applicable (|) Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Addre | Name and Address of New Registered Agent: | |
| KENNETH BARBER & ASSOCIATES, INCORPORATED 2531 SOUTH ADAMS ST. TALLAHASSEE, FL 32314 US | | | 650 WEST BREV | KENNETH BARBER & ASSOCIATES, INCORPORATED 650 WEST BREVARD STREET TALLAHASSEE, FL 32304 US | |
| The above in the State | | omits this statement for the pu | rpose of changing its regis | stered office or registered agent, or both, | |
| SIGNATURE: KENNETH BARBER AND ASSOCIATES INCOR | | | INCORPORATED | 06/07/2007 | |
| | Electronic | Signature of Registered Agen | t | Date | |
| | |)(b), F.S., the corporation did not rust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () De ROUSE, WILLIAM 2110 MONDAY RO TALLAHASSEE, FI | E JR. OAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () De PERKIN, JACQELI 3437 BLUE JAY D TALLAHASSEE, FI | NE Y R | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S () De | | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM E ROUSE JR P 06/07/2007