


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P05000125913**

1. Entity Name  
**WANDA'S QUALITY EMBROIDERY SERVICES, INC.**



FILED  
07 MAR -5 AM 10:44

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**417 W. VINE STREET**      **417 W. VINE STREET**  
**KISSIMMEE, FL 34741**      **KISSIMMEE, FL 34741**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2722 13TH ST.**      **P.O. BOX 700643**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ST. CLOUD, FL.**      **ST. CLOUD, FL.**

Zip      Country      Zip      Country  
**34769**      **U.S.**      **34770**      **U.S.**



**REINSTATEMENT**  
02/21/07 REINSTATEMENT 098 (1/07) **06-07**

4. FEI Number      Applied For  
**20-3477233**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROMAN, WANDA**  
**417 W. VINE STREET**  
**KISSIMMEE, FL 34741**

**7. Name and Address of New Registered Agent**

Name      **WANDA ROMAN**

Street Address (P.O. Box Number is Not Acceptable)

**3801 POINTE DR.**

City      **ST. CLOUD**      **FL**      Zip Code      **34772**

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 *[Signature]*      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (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	PSTD ROMAN, WANDA <input type="checkbox"/> Delete	TITLE NAME	PSTD WANDA ROMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	417 W. VINE STREET	STREET ADDRESS	3801 POINTE DR.
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	ST. CLOUD, FL. 34770
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<i>[Handwritten]</i> <input type="checkbox"/> Delete	TITLE NAME	<b>900091537989</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	03/07/07--01015--022 <b>**300.00</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #