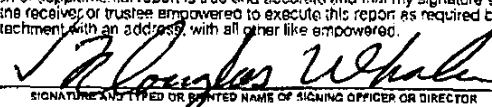


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 22 AM 9:47

Inactive

DOCUMENT # P05000157252					
1. Entity Name WHALEN'S ENTERPRISES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 747 HARTFORD AVE. NW PALM BAY, FL 32908			Mailing Address 747 HARTFORD AVE. NW PALM BAY, FL 32908		
2. Principal Place of Business - No P.O. Box # 961 Sable Cir		3. Mailing Address 961 Sable Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Bay, Florida		City & State Palm Bay, Florida		4. FEI Number 27-0133146	
Zip 32909		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHALEN, DOUGLAS 747 HARTFORD AVE. NW PALM BAY, FL 32908			7. Name and Address of New Registered Agent Name Whalen, Douglas Street Address (P.O. Box Number is Not Acceptable) 961 Sable Circle City Palm Bay FL Zip Code 32909		
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, typed or printed name of registered agent and (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 STREET ADDRESS CITY-ST-ZIP	D WHALEN, DOUGLAS 747 HARTFORD AVE. NW PALM BAY, FL 32908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whalen, Douglas 961 Sable Circle Palm Bay, FL 32909	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700133395217 07/24/08--01029--023 ***300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 			3-17-08 ⁽⁷²⁾ 508 0125		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		