

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 11 AM 11:57

<b>DOCUMENT # P06000011866</b> 1. Entity Name <b>W.R. NAGER, SCULPTOR, INC.</b>					
Principal Place of Business <b>4336 KNIGHTS STATION ROAD LAKELAND, FL 33810 US</b>			Mailing Address <b>4336 KNIGHTS STATION ROAD LAKELAND, FL 33810 US</b>		
2. Principal Place of Business - No P.O. Box <b>867 Morning Star Dr. Lakeland, Florida City &amp; State</b>		3. Mailing Address <b>867 Morning Star Dr. Lakeland, Florida City &amp; State</b>			
Zip <b>33810</b> Country <b>USA</b>		Zip <b>33810</b> Country <b>USA</b>		01092008 REIN-P CR2E098 (1/07)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NAGER, RAY 4336 KNIGHTS STATION ROAD LAKELAND, FL 33810</b>			7. Name and Address of New Registered Agent Name <b>Nager, Ray</b> Street Address (P.O. Box Number is Not Acceptable) <b>867 Morning Star Drive</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33810</b>		
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 <u><i>Ray Nager</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$300.00</b>			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	<b>D,P NAGER, WILLIAM 867 MORNING STAR DRIVE LAKELAND, FL 33810</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT NAGER, PATTIE 867 MORNING STAR DRIVE LAKELAND, FL 33810</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<div style="text-align: center;"> <b>REINSTATEMENT 07-08</b>  <i>B 1/15/08</i>  <b>400114811794</b>  <b>01/11/08--01035--015 **\$308.75</b> </div>					
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: <u><i>Ray Nager</i></u> <u><i>Pattie Nager</i></u> <b>1-10-08-863-868-2304</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					