

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000028879

Entity Name: EVENTFULLY YOURS, INC.

FILED  
Nov 16, 2007  
Secretary of State

## Current Principal Place of Business:

10777 SOUTH PRESERVE WAY  
SUITE 202  
MIRAMAR, FL 33025

## New Principal Place of Business:

19130 NW 6 AVENUE  
MIAMI GARDENS, FL 33169

## Current Mailing Address:

10777 SOUTH PRESERVE WAY  
SUITE 202  
MIRAMAR, FL 33025

## New Mailing Address:

7501 CEDAR POINT LANE  
APT 209  
CHARLOTTE, NC 28210

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIKES, JONATHAN  
10777 SOUTH PRESERVE WAY  
SUITE 202  
MIRAMAR, FL 33025 US

## Name and Address of New Registered Agent:

SPIKES, JONATHAN S  
10777 SOUTH PRESERVE WAY  
SUITE 202  
MIRAMAR, FL 33025 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: JOANTHAN S. SPIKES

11/16/2007

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: P ( ) Delete  
Name: SPIKES, JONATHAN  
Address: 10777 SOUTH PRESERVE WAY  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P ( ) Change (X) Addition  
Name: DEACON, SHERLIECE  
Address: 19130 NW 6 AVE  
City-St-Zip: MIAMI GARDENS, FL 33169

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: JONATHAN S. SPIKES

P

11/16/2007

Electronic Signature of Signing Officer or Director

Date