


mail

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000054376		
1. Entity Name FWH SERVICES, INC.		

FILED

08 MAR -4 AM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6126 CAROLINE DRIVE WESLEY CHAPEL, FL 33544 33545	Mailing Address 6126 CAROLINE DRIVE WESLEY CHAPEL, FL 33544 33545
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. 6126 CAROLINE DRIVE	Suite, Apt. #, etc. 6126 CAROLINE DR.
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02292008 REIN-P CR2E098 (1/07)

City & State WESLEY CHAPEL FL.	City & State WESLEY CHAPEL FL
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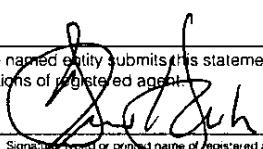
4. FEI Number 01-0871868	Applied For Not Applicable
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Zip 33545	Country PASCO	Zip 33545	Country PASCO
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWKINS, FRED W JR. 6126 CAROLINE DRIVE WESLEY CHAPEL, FL 33544	
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7. Name and Address of New Registered Agent Name FRED W HAWKINS JR Street Address (P.O. Box Number is Not Acceptable) 6126 CAROLINE DRIVE Wesley Chapel FL. City FL Zip Code 33545	
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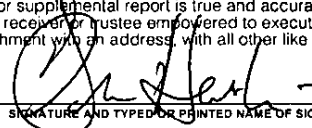
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature typed or printed name of registered agent and title if applicable.	DATE 2-29-08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, FRED W JR 6126 CAROLINE DRIVE WESLEY CHAPEL, FL 33544 33545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200119387092 03/04/08--01025--014 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 07-08 KS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2-29-08 813 9276026 Daytime Phone #