12-26-'08 14:14 FROM-Chaney & Associates 301-776-8731 T-528 P002/002 F-461

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 30 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000057389

1. Entity Name
SOFT WHITE, INC.

Principal Place of Business	Mailing Address
1933 S.E. FRANCISCAN STREET PT. ST. LUCIE, FL 34983	C/O PAMELA R. CHANEY, ESQ. 681A MAIN STREET LAUREL, MD 20707

12192008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		10440 Shaker Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 106	
City & State		City & State Columbia, MD	
Zip	Country	Zip 21046	Country USA

4. FEI Number 20-4754177 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHARPE, REBECKA 1933 S.E. FRANCISCAN STREET PT. ST. LUCIE, FL 34983	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Rebecca R. Sharpe 12/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2009, Fee will be $800.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAMMETT, CINDY C/O PAMELA CHANEY, ESQ. 681A MAIN ST LAUREL, MD 20707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700013940765 7 12/31/08--01078--011 **750.00 ☐ 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	REINSTATEMENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Cindy Hammett 12-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #