2007 FOR PROFIT CORPORATION REINSTATEMENT

06000094325 FILED 1. Entity Name ROGER WINDHAM SERVICE 07 OCT 12 AM II: 07 Principal Place of Business Mailing Address TEGRETARI OF STATE 1833 MAYWOOD RD. ALLAHASSEE, FLORIDA 1833 MAYWOOD RD. WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 100 REINSTATEMENT OPB (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINDHAM, REBECCA D. Street Address (P.O. Box Number is Not Acceptable) 1833 MAYWOOD RD. WINTER PARK, FL 32792 City 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 ebecca Windham SIGNATURI FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice: 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WINDHAM, ROGER NAME 1833 MAYWOOD RD. 500110745365 STREET ADDRESS STREET ADDRESS 10/12/07--01068--003 WINTER PARK, FL 32792 CITY-ST-ZIP **158.75 CITY-SI-ZIP JITLE ☐ Delete Change Addition TITLE WINDHAM, REBECCA D. NAME NAME 1833 MAYWOOD RD. STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 attainment with an address, with all other like empowered. Log 407-671<u>-8119</u> SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIN