


# 2007 FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 27 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                |   |
|--------------------------------|---|
| DOCUMENT # P06000095355        |  |
| 1. Entity Name<br>MULVANEY INC |   |

|  |  |
|--|--|
| Principal Place of Business<br>4627 COPPER LANE<br>PLANT CITY, FL 33566 US | Mailing Address<br>4627 COPPER LANE<br>PLANT CITY, FL 33566 US |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



09262007 REIN-P CR2E098 (1/07)

|  |  |   |
|--|--|---|
| 4. FEI Number<br>20-5228857  |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$8.75 Additional Fee Required                                    |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>MULVANEY, WILLIAM<br>4627 COPPER LANE<br>PLANT CITY, FL 33566 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2008, Fee will be \$300.00 | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MULVANEY, WILLIAM<br>4627 COPPER LANE<br>PLANT CITY, FL 33566 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 100110019621<br>09/27/07--01045--002 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>MULVANEY, JOANN<br>4627 COPPER LANE<br>PLANT CITY, FL 33566 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: William Mulvaney William Mulvaney - President 9/26/07 813-967-6938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(10/19)