

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 15 PM 3:05



09092009 REIN-P CR2E098 (1/07)

4. FEI Number
20-5306508

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

VAUGHN, ALEX R
7807 LAUREL OAK LANE
KISSIMMEE, FL 34747

Name
Vaughn, Alex R.
Street Address (P.O. Box Number is Not Acceptable)
153 Oak Tree Dr
City
DeBary FL Zip Code
32713

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: Alex R. Vaughn
Signature, typed or printed name of registered agent and, if applicable

Alex Vaughn
(NOTE: Registered Agent signature required when reinstating)

9/12/09
DATE

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY - ST - ZIP	DP VAUGHN, ALEX 7807 LAUREL OAK LANE KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DEAN, CORY 7807 LAUREL OAK LANE KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VAUGHN, CHARLES T 7807 LAUREL OAK LANE KISSIMMEE, FL 34747	<input checked="" 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100160669941
09/15/09--01012--003 **300.00

REINSTATEMENT 08-09 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: Alex R. Vaughn Alex Vaughn 9/12/09 407-618-7235
Signature and typed or printed name of signing officer or director Date Daytime Phone #