

**2008 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED

08 NOV -3 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10072008 REIN-P CR2E098 (1/07)

4. FEI Number  
**20-8551341**  
Applied For  
Not Applicable5. 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

PULLEN, AARON B  
2311-1 THONOTOSASSA RD  
PLANT CITY, FL 33563Name: **AARON B PULLEN**

Street Address (P.O. Box Number is Not Acceptable)

**707 S. COLLINS ST**City **PLANT CITY**

FL

Zip Code  
**33563**

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 \$750.00**  
**After January 1, 2009, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PULLEN, AARON B**  
STREET ADDRESS **2311-1 THONOTOSASSA RD**  
CITY-ST-ZIP **PLANT CITY, FL 33563**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PULLEN, AARON B** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **707 S COLLINS ST**  
CITY-ST-ZIP **PLANT CITY, FL 33563**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME **10/07/08 01010-D14**  
STREET ADDRESS **#158.75**  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

10/30/08

Date

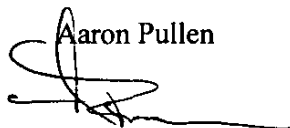
813-754-4862

Daytime Phone #

10/30/2008

Karen, per our conversation yesterday I would like to request an exemption from the reinstatement fee. The mail to address that the State has on file is wrong and the correct one is listed on the reinstatement form. Again thank you for your understanding while I work through my first year of business. Rest assured this mistake will not happen again.

Aaron Pullen



DID NOT RECEIVE AIR NOTICE DUE TO WRONG  
ADDRESS. PER My conversation with MR. Pullen