

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 20 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132009 REIN-P CR2E098 (1/07)

4. FEI Number **20-8999839** Applied For ☐ Not Applied ☐

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

DOCUMENT # P07000053695

1. Entity Name
WHITTEN ENTERPRISES USA INC.



Principal Place of Business
**207 WASHINGTON AVE
OLDSMAR, FL 34677**

Mailing Address
**207 WASHINGTON AVE
OLDSMAR, FL 34677**

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

6. Name and Address of Current Registered Agent

**WHITTEN, RITA
207 WASHINGTON AVE
OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent

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 *Rita Whitten* (NOTE: Registered Agent signature required when reinstating) DATE **1-16-09**

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITTEN, IVONNE 367 SO US HWY 19 N PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad 800141489388 01/20/09--01053--017 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITTEN, RITA 207 WASHINGTON AVE OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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REINSTATEMENT

RH

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, changed, or on an attachment with an address, with all other like empowered.

J. Whitten