## 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P07000054042** 08 OCT 29 AM 10: 13 STALLARD INVESTMENTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11908 N 53RD ST 11908 N 53RD ST **TAMPA, FL 33617 TAMPA, FL 33617** 2. Principal Place of Business - No P.O. Box # Mailing Address 3546 N. 40TH ST 3646 40TH ST ENSTATEMENT Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State TAMPA FLORIDA Tampa Not Applicable 33605 Country Country \$8.75 Additional 5. Certificate of Status Desired 33605 AZU Fee Required US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STALLARD, HAROLD Street Address (P.O. Box Number is Not Acceptable) 11908 N 53RD ST TAMPA, FL 33617 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE n ☐ Delete DELE Addition STALLARD, HAROLD NAME NAME STREET ADDRESS 11908 N 53RD ST STREET ADDRESS TAMPA, FL 33617 CITY-ST-7IP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 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. 10-26-08 <u>813 766 –800 (</u>