## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000066693

Entity Name: RIDE OCEAN ZOOM, INC

FILED Jan 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2181 NW 98 WAY 8301 ANASTASIA LANE

PEMBROKE PINES, FL 33024 PALM BEACH GARDENS, FL 33418

**Current Mailing Address: New Mailing Address:** 

2181 NW 98 WAY 8301 ANASTASIA LANE

PEMBROKE PINES, FL 33024 PALM BEACH GARDENS, FL 33418

FEI Number: 26-0303458 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WITHERS, ROSALIND WITHERS, ROSALIND 8301 ANASTASIA LANE 2181 NW 98 WAY

PEMBROKE PINES, FL 33024 US PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: ROSALIND WITHERS 01/07/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

WITHERS, ROSALIND WITHERS, ROSALIND Name: Name: 2181 NW 98 WAY 8301 ANASTASIA LANE Address: Address:

City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP,T (X) Delete Title: () Change () Addition

Name: WITHERS, ERNEST Name: 480 WEST BROOKS RD Address: Address: MEMPHIS, TN 38109 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ROSALIND WITHERS 01/07/2009