2008 FOR PROFIT CORPORATION REINSTATEMENT

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-		112111417						
DOCUMENT # P07000093545 1. Entity Name TRUE BLESSINGS, INC.						. 0	FILED 08 OCT 16 PM 2: 30	
Principal Place of Business Mailing Address						1/2	SECRETARY US STATE	
4146 CAYWO			•	4146 CAYWOOD CIR			TALLAHASSEE, FLORIDA	
ORLANDO, F			ORLANDO, FL 32810			<i>KW</i>	TALLA MOLLY TO THE STATE OF THE	
5/12 32010 Site in 100, 12 32010								
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2. Principal P	ess - No P.O. Box #	3. Mailing Address	lailing Address					
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		10102008	的。 例如,例如 例如 例如 例如 例如 例如 例如 例如 例如 例如		
City & State			City & State		4. FEI Numb	er Applied For		
Only a diame						26 - 076 4975 Not Applicable		
Zip		Country	Zip	Cour	itry	5 Certificate	of Status Desired \$8.75 Additional	
					¥	<u> </u>	Fee Required	
	6. Name a	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name			
WOODS, MAURICE					rvaine			
4146 CAYWOOD CIR					Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO, FL 32810								
					City		FL Zip Code	
8. The above	named entity	submits this statement fo	r the purpose of changing its	register	ed office or register	red agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.								
SIGNATURE TRAULICE WORD 10/10/08								
OIGHATOTIE -	Signature, typed o	r printed name of registered agent a	and title if applicable. (NOT)	E: Register	ed Agent signature requi	red when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
						ADDITIONS	VOLUMNOSO TO OSSIDERO AND DIRECTORD IN 44	
TITLE	P	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS,	/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	WOODS, N	MAURICE	C Delete	NAM	- 1	_	_ · ·	
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CITY-ST-ZIP	<u> </u>		Mr. Otton Annual Profit	_i		Lie Oberter die	2 Chaide Change March 1 Change 1 Chang	
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 leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment an address, with all other like empowered.								
-	_		///_	,	(while was	
SIGNATURE: //aurice 0000 10/10/08 407 923-3								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Proce #								