2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# P07000101356

Entity Name: SINCERELY SONJA INC.

Current Principal Place of Business:

201 N MAIN AVE
LAKE PLACID, FL 33852

New Principal Place of Business:

200 N MAIN AVE
LAKE PLACID, FL 33852

Current Mailing Address:

201 N MAIN AVE
LAKE PLACID, FL 33852

New Mailing Address:

200 N MAIN AVE
LAKE PLACID, FL 33852

FEI Number: 65-1317664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYRE, GARY
201 N MAIN AVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

HYRE, GARY
200 N MAIN AVE
LAKE PLACID, FL 33852 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: GARY HYRE 03/14/2009
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:

Title: DP ( ) Delete
Name: HYRE, GARY
Address: 201 N MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DP ( ) Delete
Name: HYRE, SONJA
Address: 201 N MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HYRE, GARY
Address: 200 N MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DP (X) Change ( ) Addition
Name: HYRE, SONJA
Address: 200 N MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852

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.

SIGNATURE: GARY HYRE DP 03/14/2009
Electronic Signature of Signing Officer or Director Date