2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000109546

Entity Name: S,R,LORETTA&SON INC.

WILLIAMS, SOLOMON JR

LAKE CITY, FL 32055

188 NW WHITEWATER GLN

Name:

Address:

City-St-Zip:

FILED Oct 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 188 NW WHITEWATER GLN LAKE CITY, FL 32055 **Current Mailing Address: New Mailing Address:** 188 NW WHITEWATER GLN LAKE CITY, FL 32055 FEI Number: 31-1493143 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: REED, GENA 942 NÉ CONGRESS AV LAKE CITY, FL 32055 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: GENA REED 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: PRES () Delete () Change () Addition Name: WILLIAMS, LORETTA A Name: 188 NW WHITEWATER GLN Address: Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition Name: WILLIAMS, GENLINA D Name: WILLIAMS, SOLOMON 188 NW WHITEWATER GLN 188 NW WHITEWATER GLN Address: Address: LAKE CITY, FL 32055 City-St-Zip: LAKE CITY, FL 32055 Citv-St-Zip: () Delete Title: SEC Title: () Change () Addition WILLIAMS, SOLOMON SR Name: Name: 188 NW WHITEWATER GLN Address: Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: TREA () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: SOLOMON WILLIAMS 10/09/2009