2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2009
Secretary of State

DOCUMENT# P08000054223

Entity Name: BOULDERWINDS, INC

Current Principal Place of Business:

17935 NW 19TH AVE
MIAMI GARDENS,, FL 33056

New Principal Place of Business:

Current Mailing Address:

17935 NW 19TH AVE
MIAMI GARDENS,, FL 33056

New Mailing Address:

FEI Number: 26-2756240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOZIER, MARK H
6701 SCHOONER TERR
MARGATE,, FL 33063 US

Name and Address of New Registered Agent:

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: MARK DOZIER

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: P ( ) Delete
Name: TUCKER, WALTER B
Address: 17935 NW 19TH AVE
City-St-Zip: MIAMI GARDENS,, FL 33056

Title: VP ( ) Delete
Name: TUCKER, FREDERICK
Address: 409 CLEARSTREAM LANE,
City-St-Zip: AUSTELL,, GA 30168

Title: SEC ( ) Delete
Name: TUCKER, PAULETTE
Address: 17935 NW 19TH AVE
City-St-Zip: MIAMI GARDENS,, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: TUCKER, FREDERICK
Address: 1814 SHEPHERD CIRCLE
City-St-Zip: ATLANTA, GA 30311

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: WALTER TUCKER P 10/23/2009

Electronic Signature of Signing Officer or Director Date