

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000063204

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SEALING SOLUTIONS OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

1001 ZACHARY CT., SUITE 101  
OVIEDO, FL 32765

**New Principal Place of Business:**

5394 BIRCHBEND LOOP  
101  
OVIEDO, FL 32765

**Current Mailing Address:**

1001 ZACHARY CT., SUITE 101  
OVIEDO, FL 32765

**New Mailing Address:**

5394 BIRCHBEND LOOP  
101  
OVIEDO, FL 32765

**FEI Number:** 26-2868112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GILLESPIE, BRANDON  
1001 ZACHARY CT. SUITE 101  
OVIEDO, FL 32765 US

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

GILLESPIE, BRANDON  
5394 BIRCHBEND LOOP  
101  
OVIEDO, FL 32765 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:** BRANDON GILLESPIE

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GILLESPIE, BRANDON  
**Address:** 5394 BIRCHBEND LOOP  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** D  
**Name:** MURPHY, MATT  
**Address:** 5560 N. DEAN RD.  
**City-St-Zip:** ORLANDO, FL 32817

I hereby 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 all other like empowered.

**SIGNATURE:** BRANDON GILLESPIE

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date