

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P11000053771	
1. Entity Name HEAVY WEIGHT ENTERPRISE OF GAINESVILLE INC.	



FILED

12 OCT 16 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1135 NW 23RD AVE SUITE M GAINESVILLE, FL 32609	Mailing Address 1135 NW 23RD AVE SUITE M GAINESVILLE, FL 32609
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10162012 REIN-P CR2E098 (12/11)

2. Principal Place of Business - No P.O. Box # 1901 NW 67th Place Ste M Suite, Apt. #, etc. Gainesville Fl. 32605 City & State	3. Mailing Address 1901 NW 67th Place Ste M Suite, Apt. #, etc. Ste. M. City & State Gainesville
Zip 32605	Country Alachua

4. FEI Number 35-2414692	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, WARREN H 1135 NW 23RD AVE SUITE M GAINESVILLE, FL 32609	
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7. Name and Address of New Registered Agent	
Name Warren Herbert Williams	
Street Address (P.O. Box Number is Not Acceptable) 1901 NW 67th Place Ste M	
City & State Gainesville Fl. 32605	
City Gainesville	FL
Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent	
SIGNATURE <i>Herbert Williams</i>	DATE 10/16/2012

FILE NOW!!! FEE IS \$750.00 After January 1, 2013, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, HERBERT 1135 NW 23RD AVE SUITE M GAINESVILLE, FL 32609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Herbert Williams</i>	DATE 10/16/12
E-MAIL ADDRESS H.Williams2@Ht.net	