

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000060948

Entity Name: SHEEP, INC.

FILED  
Oct 27, 2008  
Secretary of State

## Current Principal Place of Business:

4500 BELVEDERE RD  
STE A  
WEST PALM BEACH, FL 33415 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 20076  
WEST PALM BEACH, FL 33416

## New Mailing Address:

FEI Number: 65-0431072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLEASANTON, DAVID F  
1840 FOREST HILL BLVD.  
#205  
WEST PALM BEACH, FL 33406 US

## Name and Address of New Registered Agent:

SHONK, MICHAEL J  
8007 VIA HACIENDA  
PALM BEACH GARDENS, FL 33418 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: MICHAEL J. SHONK

10/27/2008

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: PD ( ) Delete  
Name: SHONK, DEBRA  
Address: 800 VIA HACIENDA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VSTD ( ) Delete  
Name: SHONK, MICHAEL  
Address: 800 VIA HANIENDA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSTD (X) Change ( ) Addition  
Name: SHONK, MICHAEL  
Address: 800 VIA HACIENDA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: DEBRA A. SHONK

PRES

10/27/2008

Electronic Signature of Signing Officer or Director

Date