2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000020788

Title:

Name:

Address:

City-St-Zip:

() Delete

3100 HARVEST MOON DRIVE

PALM HARBOR, FL 34683

MORAWSKI, MICHAEL

FILED Sep 28, 2009 Secretary of State

Entity Name: 907 WHITEHEAD STREET CORP. **Current Principal Place of Business: New Principal Place of Business:** 907 WHITEHEAD STREET KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 907 WHITEHEAD STREET KEY WEST, FL 33040 FEI Number: 65-0497398 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: JOHNSON, CHARLES H 201 S BISCAYNE BLVD, SUITE 1000 MIAMI, FL 33131 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: CHARLES JOHNSON 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: () Delete () Change () Addition MCBRATNIE, SHAWN Name: Name: 11 SEA LORE LANE Address: Address: City-St-Zip: KEY WEST, FL City-St-Zip: Title: Title: () Change () Addition () Delete Name: MORAWSKI, MARILYN O Name: 3100 HARVEST MOON DR. Address: Address: PALM HARBOR, FL City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

PRES

MORAWSKI, MICHAEL

3100 HARVEST MOON DRIVE

PALM HARBOR, FL 34683

(X) Change () Addition

SIGNATURE: MICHAEL A. MORAWSKI PRES 09/28/2009