2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000067463

City-St-Zip:

KISSIMMEE, FL 34741

Entity Name: WADE BROTHERS COMPANY

FILED Sep 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7 W. DARLINGTON AVE 2699 LEE ROAD KISSIMMEE, FL 34741 430 WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 2699 LEE ROAD 7 W. DARLINGTON AVE KISSIMMEE, FL 34741 WINTER PARK, FL 32789 FEI Number: 59-3375507 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: NASH, EDWARD T JR COAMEY & CLARK, PA 7 W. DARLINGTON AVE 2699 LEE ROAD KISSIMMEE, FL 34741 US 430 WINTER PARK, FL 32789 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: ZACHARY G. CLARK 09/21/2005 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 WADE, ROBERT Name: Name: 1018 CHERRY SPRINGS DR Address: Address: City-St-Zip: COTTONTOWN, TN 370484636 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: WADE, CLAYTON Name: 1018 FOREST POINTE DR Address: Address: HENDERSONVILLE, TN 37075 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition NASH, E.T. Name: Name: 7 W. DARLINGTON AVE Address: Address

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: ROBERT WADE P 09/21/2005