

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000073103

**FILED**  
**Oct 21, 2014**  
**Secretary of State**

**Entity Name:** WHITEHEAD MARKETING & ASSOC. CORP.

**Current Principal Place of Business:**

11880 W STATE ROAD 84  
D-3  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

11880 W STATE ROAD 84  
D-3  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** 65-0699018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITEHEAD, WILLIAM R  
11880 W STATE RD 84  
STE D-3  
DAVIE, FL 33325 US

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

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:** WILLIAM RAY WHITEHEAD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** WHITEHEAD, WILLIAM R  
**Address:** 11880 W ST ROAD 84, #D3  
**City-St-Zip:** DAVIE, FL 33325

**Title:** PRES  
**Name:** WHITEHEAD, CONNY R  
**Address:** 11880 W ST. RD. 84 #D3  
**City-St-Zip:** DAVIE, FL 33325

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:** WILLIAM R WHITEHEAD

VP

10/21/2014

Electronic Signature of Signing Officer or Director

Date