

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 14 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008 REIN-P CR2E098 (1/07)

4. FEI Number
59-3410014

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEARCE, PATTY
150 KOKOMO RD
W LAKE HAMILTON, FL 33851

7. Name and Address of New Registered Agent

Name KIM MULLEN

Street Address (P.O. Box Number is Not Acceptable)
150 KOKOMO RD

City LAKE HAMILTON FL 33851

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MULLEN, KIMBERLY | |
| STREET ADDRESS | 56 S KDMORE RD. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PEARCE, KEVIN | |
| STREET ADDRESS | 616 GOOD SPRINGS RD. | |
| CITY-ST-ZIP | BRENTWOODTY, TN 37027 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | PEARCE, PATTY | |
| STREET ADDRESS | 273 RUBY LAKE LANE | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 900116456799 |
| STREET ADDRESS | 01/30/08--01033--003 **150.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 900116456799 |
| STREET ADDRESS | 02/20/08--01008--002 **150.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 900116456799 |
| STREET ADDRESS | 02/20/08--01008--003 **8.75 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REINSTATEMENT |
| STREET ADDRESS | 07-08 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 863-412-1763 Daytime Phone #