

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 10 AM 9:23

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16246 1. Entity Name EIGHT HUNDRED, INC.	
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Principal Place of Business 204 PARK LAKE ST ORLANDO, FL 32803 US	Mailing Address P.O. BOX 36 FORT ERIE, CA L2-A5M6
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REINSTATEMENT 2007

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country

4. FEI Number 65-0228798	<input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent EGAN, THOMAS F 204 PARK LAKE STREET ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Thomas F. Egan *Thomas F. Egan*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete FURTNEY, PHILIP LEROY P.O. BOX 2410 ST. MARYS, ON W4X1A3
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paget, Gordon P.O. Box 36 Fort Erie, ON L2A:5M6
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gordon Paget *Gordon Paget* Date: DEC. 6, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declared Page #

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