

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000004473



1. Entity Name
HENRY VON OESEN & ASSOCIATES, INC.

FILED
09 FEB 17 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3809 PEACHTREE AVE., SUITE 102 PO BOX 3727
WILMINGTON, NC 28403-6727 WILMINGTON, NC 28406-0727



REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
56-0797140 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Julia Cleaver

DATE 02/05/09

Signature, typed or printed name of registered agent and title if applicable

(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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISER, DAVID E		NAME	200143742662	
STREET ADDRESS	PO BOX 3727 (N/A)		STREET ADDRESS	02/17/09--01005--023 **300.00	
CITY-ST-ZIP	WILMINGTON, NC 284060727		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, JEFFREY R		NAME		
STREET ADDRESS	PO BOX 3727 (N/A)		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, NC 284060727		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHARLES E		NAME	02/17	
STREET ADDRESS	PO BOX 3727 (N/A)		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, NC 284060727		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, JEANNIE M		NAME		
STREET ADDRESS	PO BOX 3727 (N/A)		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, NC 284060727		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, JEFFREY M		NAME		
STREET ADDRESS	PO BOX 3727		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, NC 284060727		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: DAVID E. CRISER

DATE: 02/05/09 IDENTIFICATION NUMBER: 9103972929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

IDENTIFICATION NUMBER