



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000001115 1. Entity Name KEN WEEDEN AND ASSOCIATES, INC.	
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Principal Place of Business 3955-A MARKET STREET WILMINGTON, NC 28403	Mailing Address PO BOX 3113 WILMINGTON, NC 28406
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 56-1662188
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

FILED
08 NOV 20 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT 2008 (11/20)

6. Name and Address of Current Registered Agent WEEDEN, KENNETH 12154 AUTUMN SUNRISE DR JACKSONVILLE, FL 32248	7. Name and Address of New Registered Agent Name DALE W. MORRIS Street Address (P.O. Box Number is Not Acceptable) 1200 South PINE ISLAND ROAD City Plantation FL Zip Code 33324
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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.

DALE W. MORRIS
 ASSISTANT VICE PRESIDENT

SIGNATURE: *Dale W. Morris* DATE: 11-17-2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WEEDEN, KENNETH PO BOX 3113 WILMINGTON, NC 28408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800137583648 11/03/08--01076--006 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEDEN, SHIRLEY PO BOX 3113 WILMINGTON, NC 28403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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: *[Signature]* DATE: (910) 762-6297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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