

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 10 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062007 REIN-P CR2E098 (1/07)

DOCUMENT # 281922 1. Entity Name HOLMES COUNTY INDUSTRIAL CORPORATION					
Principal Place of Business 201 N OKLAHOMA ST BONIFAY FLA, 32425			Mailing Address 1713 S WAUKESHA BONIFAY, FL 32425 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1302320	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BARDEN, MASTON 1713 S WAUKESHA ST BONIFAY, FL 32425	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				State: 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: <u>Maston Barden ST</u> <u>Maston Barden</u> <u>9-7-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	V RICH, RALPH 201 N. OKLAHOMA ST. BONIFAY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100109594261 09/18/07--01067--005 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARDEN, MASTON 201 N. OKLAHOMA ST. BONIFAY, FL	<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	D COMMANDER, W.L. 201 N. OKLAHOMA ST. BONIFAY, FL	<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	D PAUL, P.L. JR. 201 N. OKLAHOMA ST. BONIFAY, FL	<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	D GEORGE, GLEN 201 N. OKLAHOMA ST. BONIFAY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <h2 style="text-align: center; margin: 0;">REINSTATEMENT</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06-07	
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: <u>Maston Barden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>9-7-07</u>		Daytime Phone #: <u>850-547-3018</u>