

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 319470

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** CEDAR KEY FISH & OYSTER COMPANY OF HOMOSASSA, INC.

**Current Principal Place of Business:**

5590 S BLVD DRIVE  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

8165 W CECIL LANE  
HOMOSASSA, FL 34446 US

**Current Mailing Address:**

PO BOX 411  
HOMOSASSA, FL 34487 US

**New Mailing Address:**

8165 W CECIL LANE  
HOMOSASSA, FL 34446 US

**FEI Number:** 59-1195421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, BETTY JO  
10781 WIYULEE DR  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

ROBERT SCHLUMBERGER  
6220 WEST CORPORATE OAKS DR  
CRYSTAL RIVER, FL 34429 US

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.

SIGNATURE: ROBERT SCHLUMBERGER

02/09/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WALLACE, BETTY JO  
Address: PO BOX 411  
City-St-Zip: HOMOSASSA, FL 34487

Title: V ( ) Delete  
Name: HAMPTON, MICHAEL W  
Address: 5410 S MAGNOLIA AVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: ST ( ) Delete  
Name: HAMPTON, JOAN,  
Address: 5410 S MAGNOLIA AVE  
City-St-Zip: HOMOSASSA, FL 34448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WALLACE, BETTY JO  
Address: 8165 W CECIL LANE  
City-St-Zip: HOMOSASSA, FL 34446

Title: V (X) Change ( ) Addition  
Name: HAMPTON, MICHAEL W  
Address: 8165 W CECIL LANE  
City-St-Zip: HOMOSASSA, FL 34446

Title: ST (X) Change ( ) Addition  
Name: HAMPTON, JOAN,  
Address: 8165 W CECIL LANE  
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SCHLUMBERGER

RA

02/09/2009

Electronic Signature of Signing Officer or Director

Date