

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 467228 1. Entity Name STEVENS AND SALT, INC.						FILED 05 OCT 10 PM 3:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1662 STICKNEY POINT ROAD SARASOTA, FL 34231				Mailing Address 1662 STICKNEY POINT ROAD SARASOTA, FL 34231			
2. Principal Place of Business		3. Mailing Address		10052005 REIN-P CR2E098 (6/04)		4. FEI Number 59-1570146	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HESSE, ROBERT L. 2070 RINGLING BLVD. SARASOTA, FL 33577				Name Stephen P. Stevens Street Address (P.O. Box Number is Not Acceptable) 1662 Stickney Point Road City Sarasota FL Zip Code 34231			
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>Stephen P. Stevens</u> Stephen P. Stevens 10-05-05 <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 \$150.00 After January 1, 2006, Fee will be \$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	PTD STEVENS, STEPHEN P <input type="checkbox"/> Delete 1201 SEA PLUME WAY SARASOTA, FL 00000,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENS, IMOGENE <input type="checkbox"/> Delete 1295 WHITEHALL PLACE SARASOTA, FL 00000,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, J. MICHAEL <input type="checkbox"/> Delete 5239 PALOS VERDES SARASOTA, FL 00000,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10306 Revell Road Duette, FL 33834		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700060456911 10/10/05--01074--018 **150.00		
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 STATEMENT		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Stephen P. Stevens</u> Stephen P. Stevens				Date 10-05-05		Daytime Phone # 941-349-6636	