

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 596700

FILED  
Sep 28, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA LANDCLEARING, INC.

**Current Principal Place of Business:**

2043 NOTWEN LN.  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 620964  
OVIEDO, FL 327620964 US

**New Mailing Address:**

**FEI Number:** 59-1897684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWTON, JOSEPH  
2043 NOTWEN LN.  
OVIEDO, FL 32765 US

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

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:** JOSEPH NEWTON

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: P ( ) Delete  
Name: NEWTON, JOSEPH  
Address: 2043 NOTWEN LANE  
City-St-Zip: OVIEDO, FL 32765 US

Title: VP/T ( ) Delete  
Name: NEWTON, LINDA  
Address: 2043 NOTWEN LANE  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: NEWTON, JOSEPH  
Address: 1050 WILD PINE  
City-St-Zip: MIMS, FL 32754

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** JOSEPH NEWTON

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date