

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 607376

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** VORTEX SPRINGS, INCORPORATED

**Current Principal Place of Business:**

1518 VORTEX SPRINGS LANE  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 168  
PONCE DE LEON, FL 32455

**New Mailing Address:**

59 NORTH COUNTY HIGHWAY 10A  
DEFUNIAK SPRINGS, FL 32433

**FEI Number:** 59-2004494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, CONNIE  
59 NORTH COUNTY HIGHWAY 10A  
DEFUNIAK SPRINGS, FL 32433 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:** CONNIE TAYLOR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DOCKERY, DENZEL J  
**Address:** 1518 VORTEX SPRING LANE  
**City-St-Zip:** PONCE DE LEON, FL 32455

**Title:** D  
**Name:** DOCKERY, RUTH E  
**Address:** 1518 VORTEX SPRING LANE  
**City-St-Zip:** PONCE DE LEON, FL 32455

**Title:** V  
**Name:** TAYLOR, CONNIE  
**Address:** 59 NORTH COUNTY HIGHWAY 10A  
**City-St-Zip:** DEFUNIAK SPRING, FL 32433

I hereby 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 all other like empowered.

**SIGNATURE:** CONNIE TAYLOR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

V

03/14/2011

\_\_\_\_\_  
Date