

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000000060

FILED
Oct 13, 2009
Secretary of State

Entity Name: RFD BEAUFORT INC.

Current Principal Place of Business:

1420 WOLF CREEK TRAIL
SHARON CENTER, OH 44274

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 359
SHARON CENTER, OH 442740359

New Mailing Address:

215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

FEI Number: 22-3443636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: SHAWN RADER

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: C () Delete
Name: MCCHESENEY, W.S.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: D () Delete
Name: WILMAN, D.J.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: DP () Delete
Name: ABBOTT, D.J.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: DVT () Delete
Name: CHUNAT, G.W.
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

Title: S () Delete
Name: ZIRAKS, ROSEANN
Address: 1420 WOLF CREEK TRAIL
City-St-Zip: SHARON CENTER, OH 44274

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:

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: GERALD W. CHUNAT

DVT

10/13/2009

Electronic Signature of Signing Officer or Director

Date