

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 APR 14 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 07-18



04112008 REIN-P CR2E098 (1/07)

4. FEI Number
59-2494938
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, STEPHEN A., ESQ.
728 N.W. 8TH AVENUE
GAINESVILLE, FL 32601

Name **JOHN D COX**
Street Address (P.O. Box Number is Not Acceptable)
1950 NE 27 AVE
City **GAINESVILLE** FL Zip Code **32609**

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 JOHN D COX
Signature, typed or printed name of registered agent and title (applicable).

JOHN D COX, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

4/14/08
DATE

FILE NOW!!! FEE IS \$900.00

700123283437
04/14/08--01051--019 **900.00

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COX, JOHN D.	
STREET ADDRESS	1950 NE 27TH AVENUE	
CITY - ST - ZIP	GAINESVILLE, FL 32609	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, DAVID E.	
STREET ADDRESS	1950 NE 27TH AVENUE	
CITY - ST - ZIP	GAINESVILLE, FL 32609	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUDEY, NORMAN A.	
STREET ADDRESS	1950 NE 27TH AVENUE	
CITY - ST - ZIP	GAINESVILLE, FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DIRECTOR ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOHN D COX **JOHN D COX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 **352 494 5172**
Date Daytime Phone #