

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H77413 1. Entity Name DOUBLE C BAR RANCH, INC.						FILED 07 OCT 16 AM 8:08 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O JAMES C. CHAPMAN 3650 N CANOE CREEK RD KENANSVILLE, FL 34739 US				Mailing Address C/O JAMES C. CHAPMAN 3650 N CANOE CREEK RD KENANSVILLE, FL 34739 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1499802				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAPMAN, JAMES C 3650 N CANOE CREEK RD KENANSVILLE, FL 34739				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	PD CHAPMAN, JAMES C 3650 CANOE CREEK RD KENANSVILLE, FL 34739 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900110861229 10/16/07--01052--000 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, LESLIE C 3650 CANOE CREED RD KENANSVILLE, FL 34739 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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		
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 or other like empowered.							
SIGNATURE <i>Leslie C. Chapman</i>				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Leslie C. Chapman			
Date 10/10/07				Daytime Phone # (407)892-2414			

REINSTATEMENT 07

re. 10/17