2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K85745

FILED Oct 22, 2009 Secretary of State

Entity Name: GREENWOOD DEVELOPMENT CORPORATION OF FLORIDA, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
104 MAXW	N J. NEXSEN /ELL ST OOD, SC 296	•				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX [*] GREENW(1546 DOD, SC 296	48				
FEI Number:	59-0893939	FEI Number Applied For	() FEI Number Not App	licable () Certificate of Status	Desired ()	
Name and	Address of C	Current Registered Age	nt: Name and	Address of New Registered Ag	jent:	
25 WALTE	/, JAMES W. R MARTIN RO ON BEACH, F					
The above in the State		submits this statement f	r the purpose of changing i	ts registered office or registered a	agent, or both,	
SIGNATUR	RE: JAMES V	V. GRIMSLEY				
	Electror	nic Signature of Register	ed Agent	Date	_	
		3(2)(b), F.S., the corporatio g Trust Fund Contribution (n did not receive the prior notic	e.		
	S AND DIREC	=		IS/CHANGES TO OFFICERS AN	ID DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP (SELF, WILLIAN 610 LOWELL A GREENWOOD	AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DP (NEXSEN, JULI, 512 E HENRIE GREENWOOD	TTA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T (POOLE, RONA 245 BROOKFIE GREENWOOD	ELD DRIVE	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition WATKINS, WILLIAM B 118 AMHERST DR GREENWOOD, SC 29649		
Title: Name: Address: City-St-Zip:	AS (WATKINS, WIL 118 AMHERST GREENWOOD	DR	Title: Name: Address: City-St-Zip:	S (X) Change () Addition JUSTESEN, WAYNE Q JR 204 HARVEST LANE GREENWOOD, SC 29649		
Title: Name: Address: City-St-Zip:	S (X JUSTESEN, W. 204 HARVEST GREENWOOD	LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: WILLIAM B. WATKINS AS 10/22/2009