

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000004570

**FILED**  
**Mar 18, 2012**  
**Secretary of State**

**Entity Name:** ST. BARBARA, INC.

**Current Principal Place of Business:**

6702 NW 28TH TERRACE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6702 NW 28TH TERRACE  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 27-0148431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, PHYLLIS  
6702 NW 28TH TERRACE  
GAINESVILLE, FL 32653 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:** PHYLLIS THOMAS

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** THOMAS, PHYLLIS  
**Address:** 6702 NW 28TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32653

**Title:** D  
**Name:** DYKES, ARIEL  
**Address:** 6702 NW 28TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32653

**Title:** D  
**Name:** THOMAS, ERIC  
**Address:** 173 SILVDR LAKE DR.  
**City-St-Zip:** HAWTHORNE, FL 32640

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PHYLLIS THOMAS

D

03/18/2012

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

\_\_\_\_\_  
Date