

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000005130

**FILED**  
**Apr 18, 2014**  
**Secretary of State**

**Entity Name:** C.S. SEDCO, INC.

**Current Principal Place of Business:**

765 SW 14TH ST  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

765 SW 14TH ST  
BELLE GLADE, FL 33430 US

**New Mailing Address:**

**FEI Number:** 65-0724779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEELY, CARRIE  
765 SW 14TH ST  
BELLE GLADE, FL 33430 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:** CARRIE SHEELY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHEELY, CARRIE  
**Address:** 765 SW 14TH ST  
**City-St-Zip:** BELLE GLADE, FL 33430 US

**Title:** SD  
**Name:** CLARK, WILLIAM SHEELY  
**Address:** 765 SW 14TH ST  
**City-St-Zip:** BELLE GLADE, FL 33430 US

**Title:** TD  
**Name:** JOHNSON, SABRINA  
**Address:** 300 NW 11TH LOT 38  
**City-St-Zip:** BELLE GLADE, FL 33430 US

**Title:** VD  
**Name:** WARD, BETTY  
**Address:** 300 NW 11TH ST.  
**City-St-Zip:** BELLE GLADE, FL 33430 US

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:** CARRIE SHEELY

PD

04/18/2014

Electronic Signature of Signing Officer or Director

Date