2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000009383]			
1. Entity Name								
FOUNTAINHEAD SEBRING, INC.							2007 OCT 26	AM 8: 1
Principal Plac	e of Rusiness	Mailing Address			1		SECRETARY TALLAHASS	OF STATE
Principal Place of Business Mailing Address 150 MIDWAY DRIVE 150 MIDWAY DRIVE							TALLAHASS	EE.FLORI
SEBRING, FL								
							ra marin garen enran arrea chido di	T
Principal Place of Business - No P.O. Box # 3. Mailing Address								
150 MIONAY DR. 150 MIONAY							II MUTIT SOUN LOSON STANT INTAUT III	IBBI II IBBI
Suite, Apt. #, etc. Suite, Apt. #, etc.				•	10232007 REIN-P CR2E098 (1/07)			
City & State City & State					4. FEI Numb	er	I lAc	plied For
	RING, FL	SEBRIND, FR			59-362			t Applicable
Zip	Country Zip		Country		5 Cortificate of Status Decired Status Recired			
3387		33870		15			Fee Require	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent			
HAUBNER, REINHARD								
150 MIDWAY DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
SEBRING, FL 33870							·	
			Cit	tv			⊏ I Zip Code	
				•			r L	
The above the oblidat	named entity submits this statement to tions of egistered agent.	the purpose of changing its	registered of	fice or register	red agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
	ACC		>			16	120/10	
SIGNATURE	Signature, typed or printed name of registered agent	and title despitable. (NOTE	: Registered Age	nt signature requi	red when reinstating	· / /	DATE	
	LE NOW!!! FEE IS \$150.00	20					with s. 607.193(2)(b), not receive the prior r	
Alter Jar	nuary 1, 2008, Fee will be \$300.0					<u> </u>		
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS Change	Addition
TITLE NAME			TITLE					_
STREET ADDRESS			STREET ADD	DRESS	500111557075 10/31/0701054004 **150.00		no l	
CITY-ST-ZIP	BRASELTON, GA 305172909 C		CITY-ST-Z	l l			4004 **130.00	
TITLE	D	☐ Delete	TITLE	Pr	esident		☐ Change	☐ Addition
NAME	STEPHENSON, TRES		NAME					
STREET ADDRESS . CITY-ST-ZIP	150 MIDWAY AVE SEBRING, GA 33870		STREET ADD					
TITLE	SEBRING, GA 33070	□ Delete	TITLE	<u> </u>			☐ Change	Addition
NAME		□ Delete	NAME					
STREET ADDRESS			STREET ADD	DRESS				
CITY-ST-ZIP			CITY-ST-ZI	Р				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME STREET ADD	ADECC				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z]
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME		- 001010	NAME				•	_
STREET ADDRESS			STREET ADI					
CITY-ST-ZIP			CITY-ST-Z	IP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADO	ORESS				
CITY-ST-ZIP			CITY-ST-Z	I				
12. I hereby	certify that the information supplied with	n this filing does not qualify for	the exempti	ions contained	d in Chapter 11	9, Florida Statutes. I	further certify that the in	nformation
indicated of the co	certify that the information supplied will if on this report or supplemental report i rporation or the receiver or trustee emp I, or on an attachment with an address	s true and accurate and that me wered to execute this report	ny signature : as required t	snall have the by Chapter 60	same legal effe 7, Florida Statut	ct as it made under es; and that my nam	oatn; tnat I am an officer e appears in Block 10 o	or airector Block 11 if
changed	l, or on an attachment with an address	with all other tke empowered.				/ /		
SIGNAT	TURE: -/x1	France			101	25/07	E83~65	5-1442
OIGIAWI	CICHATURE AND TURES OF	PRINTED NAME OF SIGNING OFFICER	OD DIDECTOR		· · · /	Dale	Devtime Phone #	