

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000033591

FILED  
Oct 09, 2009  
Secretary of State

**Entity Name:** LOCKWOOD FREELAND COMMERCIAL REALTY, INC.

**Current Principal Place of Business:**

751 OAK STREET  
SUITE 610  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10233  
JACKSONVILLE, FL 32247

**New Mailing Address:**

**FEI Number:** 59-3638601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKWOOD, JOHN D  
751 OAK STREET  
SUITE 610  
JACKSONVILLE, FL 32204 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: JOHN D LOCKWOOD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOCKWOOD, JOHN D  
Address: 751 OAK STREET SUITE 610  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VSD ( ) Delete  
Name: FREELAND, BARBARA A  
Address: 750 OAK STREET SUITE 610  
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD ( ) Delete  
Name: FREELAND, ROBERT C  
Address: 751 OAK STREET SUITE 610  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA A FREELAND

VSD

10/09/2009

Electronic Signature of Signing Officer or Director

Date