2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000078188

1. Entity Name
S & J DEVELOPMENT OF NORTHWEST FLORIDA, INC.

FILED
04 OCT 29 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5835 FRIENDSHIP LANE CRESTVIEW, FL 32536	5835 FRIENDSHIP LANE CRESTVIEW, FL 32536

10272004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
150 Eventide Lane	150 Eventide Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Freeport FL	Freeport FL
City & State	City & State
32439 USA	32439 USA
Zip / Country	Zip / Country

4. FEI Number 59-3701519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOHNNY
5835 FRIENDSHIP LANE
CRESTVIEW, FL 32536

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

150 Eventide Lane

City Freeport FL Zip Code 32439

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Johnny Smith 10-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, JOHNNY 5835 FRIENDSHIP LANE CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 Eventide Lane Freeport, FL 32439
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SMITH, JEREMY C 5835 FRIENDSHIP LANE CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 Eventide Lane Freeport FL 32439
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S00004231375 10/29/04--01049--003 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johnny Smith JOHNNY SMITH 10-26-04 850-835-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #