

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000001033

Entity Name: GOLDEN LEAF PLANTATIONS, INC.

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1591 NW RED FOX WAY  
GREENVILLE, FL 32331

**New Principal Place of Business:**

**Current Mailing Address:**

1591 NW RED FOX WAY  
GREENVILLE, FL 32331

**New Mailing Address:**

FEI Number: 80-0006164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

REAMS, JOE S JR  
1591 NW RED FOX WAY  
GREENVILLE, FL 32331 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: JOE S. REAMS, JR.

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REAMS, JOE S JR  
Address: 1591 NW RED FOX WAY  
City-St-Zip: GREENVILLE, FL 32331

Title: ST ( ) Delete  
Name: REAMS, KIMBERLY M  
Address: 1591 NW RED FOX WAY  
City-St-Zip: GREENVILLE, FL 32331

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

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: KIMBERLY M. REAMS

ST

01/16/2009

Electronic Signature of Signing Officer or Director

Date