

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 JAN -9 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000008053

1. Entity Name
GRAYSON PUCKETT FERNERIES, INC.



Principal Place of Business
5841 LAKE WINONA RD
DELEON SPRINGS, FL 32330

Mailing Address
5841 LAKE WINONA RD
DELEON SPRINGS, FL 32330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

08 (11/05)

05-06

4. FEI Number
02-0533125

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUCKETT, RONALD G
5841 LAKE WINONA RD
DELEON SPRINGS, FL 32330

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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
D
PUCKETT, RONALD G
STREET ADDRESS
5841 LAKE WINONA RD
CITY-ST-ZIP
DELEON SPRINGS, FL 32330

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200064520962
01/25/06--01040--016 **300.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-05 386-985-3281

JAN 10 2006