

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000064381

**Entity Name:** INDIAN PASS BUILDERS, INC.

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

236 HIGHWAY 22  
WEWAHITCHKA, FL 32465

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 612  
WEWAHITCHKA, FL 32465

**New Mailing Address:**

**FEI Number:** 82-0549918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEMORE, GLENDA N  
2564 INDIAN PASS RD  
PORT SAINT JOE, FL 32456 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:** GLENDA MCLEMORE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCLEMORE, GLENDA  
**Address:** 2564 INDIAN PASS ROAD  
**City-St-Zip:** PORT SAINT JOE, FL 32456

**Title:** V  
**Name:** MCLEMORE, WILL  
**Address:** 2564 INDIAN PASS RD  
**City-St-Zip:** PORT SAINT JOE, FL 32456

I hereby 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 all other like empowered.

**SIGNATURE:** GLENDA MCLEMORE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/01/2010

\_\_\_\_\_  
Date