

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000066118

**FILED**  
**Oct 05, 2012**  
**Secretary of State**

**Entity Name:** M. A. ST. ORES SITE & UTILITIES, INC.

**Current Principal Place of Business:**

96136 CONNER LANE  
YULEE, FL 32097

**New Principal Place of Business:**

**Current Mailing Address:**

96136 CONNER LANE  
YULEE, FL 32097

**New Mailing Address:**

**FEI Number:** 56-2284668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, DENISE R CPA  
2982 SOUTH 8TH STREET  
SUITE #4  
FERNANDINA BEACH, FL 32034 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:** PAM HOLMBERG

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ST. ORES, SCOTT A  
**Address:** 96136 CONNER LANE  
**City-St-Zip:** YULEE, FL 32097

**Title:** T  
**Name:** ST. ORES, JOANNE L  
**Address:** 96136 CONNER LANE  
**City-St-Zip:** YULEE, FL 32097

**Title:** S  
**Name:** ST. ORES, HOLLY A  
**Address:** 2116 DUNSFORD TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32207

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:** JOANNE ST. ORES

T

10/05/2012

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

\_\_\_\_\_  
Date