2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000073142

Entity Name: S.B.F. CORP. INC.

FILED Oct 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O WILLIAM E FERRIS #2 OCTAVIA WAY SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

C/O WILLIAM E FERRIS PO BOX 1073 SAFETY HARBOR, FL 34695

FEI Number: 56-2281817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FINCH, JOHN K ESQ FERRIS, WILLIAM E JR 323 MAIN ST 2 OCTAVIA WAY

SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 US

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: WILLIAM E FERRIS JR 10/06/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FERRIS, WILLIAM E
 Name:
 FERRIS, WILLIAM E JR

 Address:
 #2 OCTAVIA WAY
 Address:
 #2 OCTAVIA WAY

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: P () Delete Title: P (X) Change () Addition

Name: FERRIS, WILLIAM E Name: FERRIS, WILLIAM E JR
Address: #2 OCTAVIA WAY Address: #2 OCTAVIA WAY

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP () Delete Title: () Change () Addition

 Name:
 FERRIS, SANDRA L
 Name:

 Address:
 #2 OCTAVIA WAY
 Address:

 City-St-Zip:
 SAFTY HARBOR, FL 34695
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 FERRIS, SANDRA L
 Name:

 Address:
 #2 OCTAVIA WAY
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 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: WILLIAM E FERRIS JR P 10/06/2009