


**2005 FOR PROFIT CORPORATION REINSTATEMENT**

APPROVED  
AND  
FILED

05 MAR 23 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099375  
1. Entity Name  
50HWY17S, INC.



Principal Place of Business: 50 HWY 17 SOUTH, YULEE, FL 32097  
Mailing Address: 50 HWY 17 SOUTH, YULEE, FL 32097

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

6. Name and Address of Current Registered Agent  
TOMASSETTI, A. JEFFREY ESQ  
406 ASH STREET  
FERNANDINA, FL 32034

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. FEI Number: 56-2292990 Applied For:  Not Applicable:

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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] DATE: 3-21-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: PDST NAME: CLAXTON, W DOYLE STREET ADDRESS: 50 HWY 17 SOUTH CITY-ST-ZIP: YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] DATE: 3/21/05 DAYTIME PHONE #: 904-225-0004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



03212005 REIN-P CR2E098 (6/04) *MRS*

**REINSTATEMENT 04-05**  
FL Zip Code

500049937755  
04/05/05--01087--019 \*\*300.00