## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000031015

Entity Name: BACK ACRE HAY SALES, INC.

FILED Oct 04, 2005 Secretary of State

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

6269 COUNTY RD. 315 6269 COUNTY RD. 315 C

KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 32656

Current Mailing Address: New Mailing Address:

6269 COUNTY RD. 315 6269 COUNTY RD. 315 C

KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 32656

FEI Number: 56-2333146 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:

BLOOMER, GEORGE M III SCUCCI, THOMAS L 2362 BLANDING BLVD. 6269 COUNTY RD. 315 C

MIDDLEBURG, FL 32068 US KEYSTONE HEIGHTS, FL 23656 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: THOMAS L SCUCCI 10/04/2005

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

 Name:
 SCUCCI, RENEE L
 Name:
 SCUCCI, RENEE L

 Address:
 6269 COUNTY RD. 315
 Address:
 6269 COUNTY RD. 315 C

 City-St-Zip:
 KEYSTONE HEIGHTS, FL 32656
 City-St-Zip:
 KEYSTONE HEIGHTS, FL 32656

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

Name:SCUCCI, THOMAS LName:SCUCCI, THOMAS LAddress:6269 COUNTY RD. 315Address:6269 COUNTY RD. 315 CCity-St-Zip:KEYSTONE HEIGHTS, FL 32656City-St-Zip:KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS L SCUCCI P 10/04/2005