

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000084909

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Entity Name:** DREAD CLAMPITT ENTERPRISES, INC.

**Current Principal Place of Business:**

612 MAIN AVE  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

70 EAST MITCHELL AVE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P O BOX 1257  
DEFUNIAK SPRINGS, AL 32435

**New Mailing Address:**

**FEI Number:** 45-0522411      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SAUNDERS, BALDER  
612 MAIN AVE  
DEFUNIAK SPRINGS, FL 32435      US

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

SAUNDERS, BALDER  
70 EAST MITCHELL AVE.  
SANTA ROSA BEACH, FL 32459      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: BALDER SAUNDERS

09/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAUNDERS, BALDER W  
Address: 70 EAST MITCHELL AVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD  
Name: OGLE, KYLE J  
Address: 107 ALDEN LANE  
City-St-Zip: FREEPORT, FL 32439

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: BALDER SAUNDERS

PD

09/28/2011

Electronic Signature of Signing Officer or Director

Date