

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000118618

Entity Name: MATT F. EDWARDS, INC.

**FILED**  
**Dec 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12445 US HIGHWAY 301  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 914  
DADE CITY, FL 33526

**New Mailing Address:**

FEI Number: 20-0333319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWLON, TIMOTHY  
12620 CURLEY ROAD  
SUITE 103  
SAN ANTONIO, FL 33576 US

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

FOWLER, RITA  
2114 SPRING LAKE HWY  
BROOKSVILLE, FL 34602 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: RITA F. FOWLER

12/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EDWARDS, MATT F  
Address: PO BOX 914  
City-St-Zip: DADE CITY, FL 33526 US

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: MATT F. EDWARDS

PRES

12/14/2012

Electronic Signature of Signing Officer or Director

Date