2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000144751

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

OFF

OFF

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(X) Delete

CRAWFORDVILLE, FL 32327

CRAWFORDVILLE, FL 32327

EASTERWOOD, WILLIAM

80 MILL HOLLOW SR.

HERRING, TIMOTHY

31 CATHERINE ST.

Entity Name: BONDS TILE COMPANY INCORPORATED

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
PO BOX 134 SOPCHOPPY, FL 32358	225 SUGAR COVE RD SANTA ROSA BEACH, FL 32459
Current Mailing Address:	New Mailing Address:
PO BOX 134 SOPCHOPPY, FL 32358	225 SUGAR COVE RD SANTA ROSA BEACH, FL 32459
FEI Number: 20-0434149 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
RICHARD, BONDS 36 RIVER TERRACE SOPCHOPPY, FL 32358 US	RICHARD, BONDS L P 36 RIVER TERRACE SOPCHOPPY, FL 32358 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: RICHARD BONDS	01/07/2008
Electronic Signature of Registered Agent 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: P () Delete Name: BONDS, RICHARD Address: PO BOX 134 City-St-Zip: SOPCHOPPY, FL 32358	Title: P (X) Change () Addition Name: BONDS, RICHARD Address: 225 SUGAR COVE RD City-St-Zip: SANTA ROSA BEACH, FL 32459
Title: OFF () Delete Name: TAFF, JEFFERY Address: 6 MCKENZIE ST. City-St-Zip: SOPCHOPPY, FL 32358	Title: () Change () Addition Name: Address: City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

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: RICHARD BONDS P 01/07/2008

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