

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000157447

FILED
Jan 05, 2012
Secretary of State

Entity Name: THE MOBILE ATTIC OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

4529 CHUMUCKLA HWY
SUITE B
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4529 CHUMUCKLA HWY
SUITE B
PACE, FL 32571

New Mailing Address:

FEI Number: 20-0572510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODALE, THOMAS F III
4529 CHUMUCKLA HWY., SUITE B
PACE, FL 32571 US

Name and Address of New Registered Agent:

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 F GOODALE III

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WILSON, JERRY R
Address: 4529 CHUMUCKLA HWY., SUITE B
City-St-Zip: PACE, FL 32571

Title: D
Name: WILSON, SARA M
Address: 4529 CHUMUCKLA HWY., SUITE B
City-St-Zip: PACE, FL 32571

Title: D
Name: GOODALE, THOMAS F III
Address: 4529 CHUMUCKLA HWY., SUITE B
City-St-Zip: PACE, FL 32571

Title: D
Name: GOODALE, LORI W
Address: 4529 CHUMUCKLA HWY., SUITE B
City-St-Zip: PACE, FL 32571

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: THOMAS F GOODALE III

MR.

01/05/2012

Electronic Signature of Signing Officer or Director

Date