


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # P04000003582 1. Entity Name ROB STEWART, INC. |  |
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| Principal Place of Business 95 GUY STRICKLAND ROAD CRAWFORDVILLE, FL 32327 | Mailing Address 95 GUY STRICKLAND ROAD CRAWFORDVILLE, FL 32327 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

02192008 REIN-P CR2E098 (1/07)

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|-------------------------|-------------------------|------------------------------------|-------------------------------|
| City & State Zip | City & State Zip | 4. FEI Number 86-1105857 | Applied For Not Applicable |
|-------------------------|-------------------------|------------------------------------|-------------------------------|

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| 6. Name and Address of Current Registered Agent REICHMAN, MICHAEL A 380 N JEFFERSON ST MONTICELLO, FL 32344 | 7. Name and Address of New Registered Agent Name Rob Stewart Street Address (P.O. Box Number is Not Acceptable) 95 Guy Strickland Rd City Crawfordville FL Zip Code 32327 |
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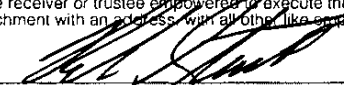
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | PSD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, ROB | NAME | 000119552340 |
| STREET ADDRESS | 95 GUY STRICKLAND RD | STREET ADDRESS | 03/06/08--01019--018 **300.00 |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 | CITY-ST-ZIP | REINSTATEMENT |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | 0708 |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: **2-19-8** Daytime Phone #: **850-570-8768**