

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000006220

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** BUCKLES & ASSOCIATES, INC.

**Current Principal Place of Business:**

740-C COUSIN TOWN RD.  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 232  
INTERLACHEN, FL 32148

**New Mailing Address:**

**FEI Number:** 51-0491868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUTY, LARRY  
740 COUSINTOWN ROAD  
INTERLACHEN, FL 32148 US

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

DUTY, DORA  
740C- COUSINTOWN ROAD  
INTERLACHEN, FL 32148 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: DORA DUTY

03/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUTY, LARRY  
Address: 740-C COUSIN TOWN RD.  
City-St-Zip: INTERLACHEN, FL 32148

Title: VPT  
Name: DUTY, DORA  
Address: 740-C COUSIN TOWN RD.  
City-St-Zip: INTERLACHEN, FL 32148

Title: MD  
Name: ALEXANDER, STEVEN  
Address: 740-C COUSIN TOWN RD.  
City-St-Zip: INTERLACHEN, FL 32148

Title: S  
Name: ALEXANDER, BECKY  
Address: 740-C COUSIN TOWN RD.  
City-St-Zip: INTERLACHEN, FL 32148

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: DORA DUTY

VP

03/02/2011

Electronic Signature of Signing Officer or Director

Date