

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000009278

Entity Name: CLOVERDALE INN, INC,

**FILED**  
**Oct 20, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1114 W. COUNTY LINE ROAD  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

1114 W. COUNTY LINE ROAD  
LUTZ, FL 33558

**New Mailing Address:**

FEI Number: 05-0594983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILLIAN, CHRISTINE  
17846 LAKE CARLTON DR D  
LUTZ, FL 33558 US

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

COLE, KATHY L  
205 W MLKING BLVD.  
204  
TAMPA, FL 33603 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: KATHY L COLE

10/20/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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:**

Title: P ( ) Delete  
Name: WELLS, STEPHANIE PAUL  
Address: 2511 ANDREA LANE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE PAUL-WELLS

PRES

10/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date