

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000051917 1. Entity Name SURF & TURF HOMESTEAD MANAGEMENT, INC.						FILED 07 MAY -7 AM 9:48 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1200 CLEAR CREEK CIRCLE CLERMONT, FL 34714				Mailing Address 1200 CLEAR CREEK CIRCLE CLERMONT, FL 34714			
2. Principal Place of Business - No P.O. Box # 3978 Derby Glen Dr Suite, Apt. #, etc.				3. Mailing Address 3978 Derby Glen Dr Suite, Apt. #, etc.			
City & State clermont fl				City & State clermont fl			
Zip 34711		Country USA		Zip 34711		Country USA	
4. FEI Number 20-1717202				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S 400 E SYBELIA AVE STE 205 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name DEREK KEARNS Street Address (P.O. Box Number is Not Acceptable) 3978 Derby Glen Drive City clermont FL Zip Code 34711			
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 <u><i>D. Kearns</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input checked="" type="checkbox"/> Delete NAME KEARNS, DEREK STREET ADDRESS 1200 CLEAR CREEK CIRCLE CITY-ST-ZIP CLERMONT, FL 34714				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KEARNS DEREK STREET ADDRESS 3978 Derby Glen Dr CITY-ST-ZIP clermont fl 34711			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u><i>D. Kearns</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							