

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000071436

Entity Name: STEVEN BETTS INC

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

3099 LEON ROAD  
4  
JACKSONVILLE, FL 32246

## **Current Mailing Address:**

3099 LEON ROAD  
4  
JACKSONVILLE, FL 32246

## **New Principal Place of Business:**

226-5 SOLANA ROAD  
SUITE 160  
PONTE VEDRA, FL 32082

## **New Mailing Address:**

226-5 SOLANA ROAD  
SUITE 160  
PONTE VEDRA, FL 32082

FEI Number: 20-1097174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STORY, MAX  
233 E. BAY STREET  
SUITE 920  
JACKSONVILLE, FL 32202 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: MAX STORY

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: PST ( ) Delete  
Name: BETTS, STEVEN  
Address: 3099 LEON ROAD, SUITE 4  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PST (X) Change ( ) Addition  
Name: BETTS, STEVEN  
Address: 226-5 SOLANA ROAD  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D ( ) Change (X) Addition  
Name: AMERSON, GLENN  
Address: 226-5 SOLANA ROAD  
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN BETTS

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date