

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000072684

Entity Name: COUNTRY CAFE PLUS, INC.

**FILED**  
**Jan 28, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

9036 NW US HWY 41  
WHITE SPRINGS, FL 32096

**New Principal Place of Business:**

**Current Mailing Address:**

9036 NW US HWY 41  
WHITE SPRINGS, FL 32096

**New Mailing Address:**

FEI Number: 20-5434746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEACOCK, RONALD H  
204 S. MARION STREET  
LAKE CITY, FL 32025 US

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

PEACOCK, RONALD H  
9406 W. US HWY 90  
LAKE CITY, FL 32055 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: RONALD PEACOCK

01/28/2009

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: SHOTWELL, JOANN  
Address: 9036 NW US HIGHWAY 41  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: SECT ( ) Delete  
Name: OGBURN, SANDRA L  
Address: 9036 HWY. 41  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: DIRE ( ) Delete  
Name: OGBURN, ANGELA A  
Address: 9036 HWY. 41  
City-St-Zip: WHITE SPRINGS, FL 32096

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

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

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

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

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: JO ANN SHOTWELL

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date