

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 10 AM 8:28

DOCUMENT # P04000096382

1. Entity Name
STEINHATCHEE SOUTH, INC.



Principal Place of Business
8 BARU ROAD
ST AUGUSTINE, FL 32086

Mailing Address
PO BOX 505-0
HASTINGS, FL 32145

2. Principal Place of Business
Old Town Florida
Suite, Apt. #, etc.

3. Mailing Address
Box 5050
Suite, Apt. #, etc.



REINSTATEMENT

0506

City & State
Old Town, FL. 32680
Zip 32680 Country USA

City & State
Old Town, Florida
Zip 32680 Country USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ALLEN C ESQ
99 ORANGE STREET
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name
Ronald E. Clark, Esquire
Street Address (P.O. Box Number is Not Acceptable)
501 St. Johns Avenue
City Palatka FL Zip 32977

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 Ronald E. Clark

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

September 11, 2006

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KINNARD, CHARLES R
STREET ADDRESS 8 BARU ROAD
CITY-ST-ZIP ST AUGUSTINE, FL 32086 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Kinnard, Charles R. ☒ Change ☐ Addition
STREET ADDRESS 5956 Highway 358 (Gena Road)
CITY-ST-ZIP Steinhatchee, FL. 32359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400080644264
10/10/06--01007--006 **908.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Kinnard

9/11/06

Date

Daytime Phone #

OCT 10 2006