2007 FOR PROFIT CORPORATION REINSTATEMENT



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DOCUMENT # P05000062066 JALIARY OF STATE C & G LANDCLEARING, INC. ALLARASSEE, FLORIDA Principal Place of Business Mailing Address REINSTATEMENT 06-07 2994 BUD DIAMOND RD 2994 BUD DIAMOND RD JAY, FL 32565 JAY, FL 32565 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 CR2E098 (1/07) City & State City & State 4. FEI Number ✓ Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 2994 BUD DIAMOND RD JAY, FL 32565 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300,00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SHAWN A. Melvin Addition TITS F Delete TITLE Change MELVIN, YANCY C NAME 4699 EPHREM LANE 4699 EPHREM LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP VP Delete ☐ Change Addition WHITE CAMELLAG NAME NAME 2994 BUD DIAMOND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAY, FL 32565 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WHITE, GEORGE P NAME 100092349481 ***300.00 2994 BUD DIAMOND RD STREET ADDRESS STREET ADDRESS CITY+ST+ZIE JAY, FL 32565 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CTY-ST-719 ☐ Delete Change TITLE TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 the empowered

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #