

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000108259

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** SEVIGNY FAMILY PROPERTIES, INC.

**Current Principal Place of Business:**

210 US HWY 27 NORTH  
AVON PARK, FL 33825

**New Principal Place of Business:**

515 KELLY ROBERTS RD  
ZOLFO SPRINGS, FL 33890

**Current Mailing Address:**

210 US HWY 27 NORTH  
AVON PARK, FL 33825

**New Mailing Address:**

515 KELLY ROBERTS RD  
ZOLFO SPRINGS, FL 33890

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SEVIGNY, RONALD O  
210 US HWY 27 NORTH  
AVON PARK, FL 33825 US

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

SEVIGNY, RONALD O  
515 KELLY ROBERTS RD  
ZOLFO SPRINGS, FL 33890 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 O. SEVIGNY

03/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SEVIGNY, RONALD O  
Address: 515 KELLY ROBERTS RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby 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 all other like empowered.

SIGNATURE: RONALD O. SEVIGNY

DR

03/04/2011

Electronic Signature of Signing Officer or Director

Date