


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR 17 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000114108	
1. Entity Name SEMAPHORE INDUSTRIES, INC.	

Principal Place of Business 6701 WILLOW POND LANE SARASOTA, FL 34240 US	Mailing Address 6701 WILLOW POND LANE SARASOTA, FL 34240 US
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2. Principal Place of Business - No P.O. Box # 27500 Crosby Road	3. Mailing Address 27500 Crosby Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

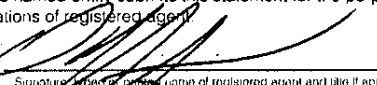
City & State Myakka City, FL	City & State Myakka City, FL
Zip 34251	Zip 34251
Country	Country



03172009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent HENDERSON, DAVID P 6701 WILLOW POND LANE SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

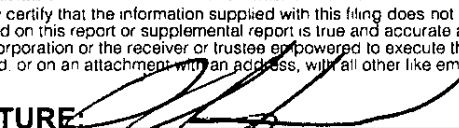
SIGNATURE:  DATE: 4/13/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, DAVID P 6701 WILLIOW POND LANE SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100150952831 04/17/09--01037--021 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGER, CHARLES L 25360 STATE ROAD 70 EAST MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 4/13/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/09