

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000147394

**FILED**  
**Nov 03, 2006**  
**Secretary of State**

**Entity Name:** MINERAL SPRINGS AT THE COAST, INC.

**Current Principal Place of Business:**

3870 COASTAL HWY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

1612 COASTAL HWY  
PANACEA, FL 32347

**Current Mailing Address:**

3870 COASTAL HWY  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

PO BOX 423  
PANACEA, FL 32347

FEI Number: 20-3756264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SADLER, JAMES C  
101 TUPELO DR  
CRAWFORDVILLE, FL 32327 US

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

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: JAMES C. SADLER

\_\_\_\_\_  
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: PD ( ) Delete  
Name: SADLER, RITA M  
Address: 101 TUPELO DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VPD ( ) Delete  
Name: SADLER, JAMES C  
Address: 101 TUPELO DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD ( ) Delete  
Name: CRANE, JOSEPH W  
Address: 824 WAKULLA SPRINGS RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD ( ) Delete  
Name: CRANE, DIANE C  
Address: 824 WAKULLA SPRINGS RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RITA M. SADLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

11/03/2006

\_\_\_\_\_  
Date