

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000149353

FILED  
Nov 09, 2009  
Secretary of State

Entity Name: HOWELL, STEPANEK & GOLDEN, P.A.

## Current Principal Place of Business:

1122 FLORIDA AVE  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

1122 FLORIDA AVE  
LYNN HAVEN, FL 32444

## New Mailing Address:

FEI Number: 20-3535438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDEN, BENNETT D VP  
1607 LIENBY AVENUE, STE A  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

GOLDEN, BENNETT D P  
1122 FLORIDA AVE  
LYNN HAVEN, FL 32444 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: BENNETT D GOLDEN

11/09/2009

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: PRES ( ) Delete  
Name: GOLDEN, BENNETT D PRES  
Address: 6806 FORSYTHE DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

Title: VP ( ) Delete  
Name: HOWELL, ERIC O VP  
Address: 1106 NEW YORK AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Delete  
Name: STEPANEK, KELLIE A VP  
Address: 1213 NEW YORK AVE  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GOLDEN, BENNETT D PRES  
Address: 1122 FLORIDA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP (X) Change ( ) Addition  
Name: HOWELL, ERIC O VP  
Address: 1122 FLORIDA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP (X) Change ( ) Addition  
Name: STEPANEK, KELLIE A VP  
Address: 1122 FLORIDA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify 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: BENNETT D GOLDEN

P

11/09/2009

Electronic Signature of Signing Officer or Director

Date