

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000162647

Entity Name: JEFF RHYNE INC

**FILED**  
**Nov 10, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

2889 MADISON ST  
MARIANNA, FL 32446

**New Principal Place of Business:**

2889 MADISON ST  
MARIANNA, FL 32446 UN

**Current Mailing Address:**

2889 MADISON ST  
MARIANNA, FL 32446

**New Mailing Address:**

FEI Number: 45-4205036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RHYNE, JEFF  
2889 MADISON ST  
MARIANNA, FL 32446 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: JEFF C RHYNE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: RHYNE, JEFF  
Address: 2889 MADISON ST  
City-St-Zip: MARIANNA, FL 32446

Title: VP/T  
Name: RHYNE, JEFF  
Address: 2889 MADISON ST  
City-St-Zip: MARIANNA, FL 32446

Title: S  
Name: RHYNE, JEFF  
Address: 2889 MADISON ST  
City-St-Zip: MARIANNA, FL 32446

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: JEFF C RHYNE

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

P/D

11/10/2014

\_\_\_\_\_  
Date