

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000087585

**FILED**  
**Jun 28, 2011**  
**Secretary of State**

**Entity Name:** COWART AMELIA ISLAND FENCE, INC.

**Current Principal Place of Business:**

RT 2 BOX 4060  
FOLKSTON, GA 31537

**New Principal Place of Business:**

36685 OKEFENOKEE DRIVE  
FOLKSTON, GA 31537

**Current Mailing Address:**

RT 2 BOX 4060  
FOLKSTON, GA 31537

**New Mailing Address:**

36685 OKEFENOKEE DRIVE  
FOLKSTON, GA 31537

**FEI Number:** 20-5116353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES, SHA RON C  
3116 CAPITAL CIRCLE, NE  
SUITE 5  
TALLAHASSEE, FL 32308 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: SHA RON C JAMES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COWART, ROBERT C  
Address: RT 2 BOX 4060  
City-St-Zip: FOLKSTON, GA 31537

Title: O  
Name: COWART, WILLIAM D  
Address: 447 OKEFENOKEE DR.  
City-St-Zip: FOLKSTON, GA 31537

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: ROBERT C COWART

P

06/28/2011

Electronic Signature of Signing Officer or Director

Date