


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000112595 1. Entity Name LAND & PROPERTIES OF NORTH FLORIDA, INC.	
---------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED
09 MAR 30 PM 2: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4120 LIVE OAK LANE MACCLENNY, FL 32063 US	Mailing Address 4120 LIVE OAK LANE MACCLENNY, FL 32063 US
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------



REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 20-5479818	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

6. Name and Address of Current Registered Agent

MOBLEY, JERRELL W
4120 LIVE OAK LANE
MACCLENNY, FL 32063

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (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.

10. OFFICERS AND DIRECTORS

TITLE	PD MOBLEY, JERRELL W 4120 LIVE OAK LANE MACCLENNY, FL 32063	<input type="checkbox"/> Delete
TITLE	VPD YARBOROUGH, FRED M 15092 RIVERHILLS DRIVE GLEN ST. MARY, FL 32040	<input type="checkbox"/> Delete
TITLE	TD YARBOROUGH, KIMBERLY 15092 RIVERHILLS DRIVE GLEN ST. MARY, FL 32040	<input type="checkbox"/> Delete
TITLE	SD MOBLEY, LISA D 4120 LIVE OAK LANE MACCLENNY, FL 32063	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	9202 SR 121 South MACCLENNY FL 32063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	900147981299 03/30/09--01048--017 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	9202 SR 121 South MACCLENNY FL 32063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<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: Jerrell W Mobley Date: 3/8/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR