2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000017354

City-St-Zip:

CLEWISTON, FL 33440 US

Entity Name: DOWN SOUTH ADMINISTRATION INC

FILED Mar 09, 2009 Secretary of State

Littly Name: DOWN 300TH ADMINISTRATION INC					
Current Pr	incipal Place o	of Business:	New Principal Place of	New Principal Place of Business:	
HC 61 BOX	(46 DN, FL 33440				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
HC 61 BOX	(46)N, FL 33440	US			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
CYPRESS, DEVIN MRS HC 61 BOX 46 CLEWISTON, FL 33440 US			HC 61 BOX 46	RIOS-GALVIS, DIANA MRS HC 61 BOX 46 CLEWISTON, FL 33440 US	
The above in the State		ubmits this statement for the po	urpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: DIANA RIOS-GALVIS				03/09/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	2)(b), F.S., the corporation did not Trust Fund Contribution ().	·		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E CYPRESS, DEVI HC 61 BOX 46 CLEWISTON, FL		Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () E IVEY, KEVIN HC 61 BOX 46 CLEWISTON, FL	Delete 33440 US	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	P () CYPRESS, DEVI	Delete N MRS	Title: () Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: DIANA RIOS-GALVIS OFFI 03/09/2009