

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000065347

1. Entity Name  
STUMP MAMA & BOBCAT JOE, INC.



FILED

08 DEC 30 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6865 SUMMIT DR  
MILTON, FL 32570

Mailing Address  
6865 SUMMIT DR  
MILTON, FL 32570

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

12262008

REIN-P

CR2E098 (1/07)

4. FEI Number

39-8056939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIEST, JOE M  
6865 SUMMIT DR  
MILTON, FL 32570

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

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

(NOTE: Registered Agent signature required when reinstating)

12/20/08

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME PRIEST, JOE M  
STREET ADDRESS 6865 SUMMIT DR  
CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ Change ☐ Addition  
NAME 700139407247  
STREET ADDRESS 12/31/08--01078--005  
CITY-ST-ZIP \*\*150.00

TITLE VPD ☐ Delete  
NAME PRIEST, G. ROCHELLE  
STREET ADDRESS 6865 SUMMIT DR  
CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME PRIEST, DUSTIN T  
STREET ADDRESS 6865 SUMMIT DR  
CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME PRIEST, COTY M  
STREET ADDRESS 6865 SUMMIT DR  
CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

G. Rochelle Priest 12/20/08 850.983.3303