

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000095301

**FILED**  
**Nov 08, 2011**  
**Secretary of State**

**Entity Name:** T R EDMISTON ENTERPRISES INC

**Current Principal Place of Business:**

1648 SAINT CLAIR AVENUE E  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

1800 NW 39TH AVE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

1648 SAINT CLAIR AVENUE E  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

1800 NW 39TH AVE  
CAPE CORAL, FL 33993

**FEI Number:** 27-1338293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDMISTON, TIMOTHY R  
1648 SAINT CLAIR AVENUE E  
NORTH FORT MYERS, FL 33903 US

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

EDMISTON, TIMOTHY R  
1800 NW 39TH AVE  
CAPE CORAL, FL 33993 US

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: TIMOTHY R. EDMISTON

11/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: EDMISTON, TIMOTHY R  
Address: 1800 NW 39TH AVE  
City-St-Zip: CAPE CORAL, FL 33993

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: TIMOTHY R. EDMISTON

PRES

11/08/2011

Electronic Signature of Signing Officer or Director

Date