

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000087203

Entity Name: STALWART CONCEPTS, INC.

FILED  
Jan 31, 2013  
Secretary of State

## Current Principal Place of Business:

2002 N LOIS AVE  
STE 650  
TAMPA, FL 33607 US

## New Principal Place of Business:

550 N REO STREET  
STE 108  
TAMPA, FL 33609 US

## Current Mailing Address:

2002 N LOIS AVE  
STE 650  
TAMPA, FL 33607 US

## New Mailing Address:

514 CHERRY BLVD  
NEW ALBANY, MS 38652 US

FEI Number: 45-3540235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUFFMAN, CHEVALIER  
2002 N LOIS AVE  
STE 650  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

HUFFMAN, CHEVALIER  
550 N REO STREET  
STE 108  
TAMPA, FL 33609 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: CHEVALIER HUFFMAN

01/31/2013

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: HUFFMAN, CHEVALIER  
Address: 550 N REO STREET, STE 108  
City-St-Zip: TAMPA, FL 33609 US

Title: TREA  
Name: HUFFMAN, CHEVALIER  
Address: 550 N REO STREET, STE 108  
City-St-Zip: TAMPA, FL 33609 US

Title: SEC  
Name: HUFFMAN, CHEVALIER  
Address: 550 N REO STREET, STE 108  
City-St-Zip: TAMPA, FL 33609 US

Title: DIR  
Name: HUFFMAN, CHEVALIER  
Address: 550 N REO STREET, STE 108  
City-St-Zip: TAMPA, FL 33609 US

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: CHEVALIER HUFFMAN

PRES

01/31/2013

Electronic Signature of Signing Officer or Director

Date