


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000082075	
1. Entity Name STOUT & ASSOCIATES, INC.	

FILED
08 JUL 29 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7031 HERITAGE RIDGE ROAD TALLAHASSEE, FL 32312	Mailing Address 4062 KIMMER ROWE DR TALLAHASSEE, FL 32308 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7031 HERITAGE RIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State TALLAHASSEE
Zip	Country FL 32312



07282008 REIN-P CR2E098 (1/07)

4. FEI Number 59-3340193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOELLER, RICHARD L 7031 HERITAGE RIDGE ROAD TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOELLER, RICHARD 7031 HERITAGE RIDGE ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600133716996 07/29/08--01024--006 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOELLER, CHERYL 7031 HERITAGE RIDGE ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  Date: 7/29/08 Daytime Phone #

1300