


attachment 1 of 2

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 PM 12: 28

DOCUMENT # 996000010170	
1. Entity Name Northfield Corp	

Principal Place of Business 16701 US Hwy 301 S Wimauma FL USA 33598	Mailing Address same
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent David Gauthier 772 Cortaro DR Suite B Sun City Center Florida	
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REINSTATEMENT 08-09ks

4. FEI Number 59-3364005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 Patricia Nugent <small>Signature, typed or printed name of registered agent and title if applicable</small>	David Gauthier <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 3-10-09

FILE NOW!!! FEE IS \$300.00	700145686157 03/13/09--01004--025 **300.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUGENT, GARY E 6310 COTTONWOOD LN APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Nugent Gary E 406 Inlet RD Ruskin FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NUGENT, PATRICIA L 6310 COTTONWOOD LN APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TS Nugent Patricia L 406 Inlet RD Ruskin FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: Patricia Nugent <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-9-09 813-634-5476 <small>Date Daytime Phone #</small>

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March 9, 2009

Dear Sir :

Back in May⁰⁸ I sent the ~~renewal~~ form with a check for 150.00 to continue with my corporation for another year. When I was checking online this past week it said we had not renewed. I did renew!

I called and they told me to send a check for 300.00 which I am doing today.

Please continue with the reinstatement of my corporation as soon as possible.

Thank you
Catherine Mergat
813-507-7191

I am sending this to you overnight

DID NOT RECEIVE return mail or NOTICES