

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000080409

**FILED**  
**Dec 21, 2011**  
**Secretary of State**

**Entity Name:** S AND C OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

200 JOHN KNOX RD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

664 CAPITAL CIR NE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

664 CAPITAL CIR. NE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-3406372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHITTENDEN, ABBIEGAIL S  
200 JOHN KNOX RD  
TALLAHASSEE, FL 32303 US

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

CHITTENDEN, ABBIEGAIL S  
664 CAPITAL CIR NE  
TALLAHASSEE, FL 32301 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: GAIL CHITTENDEN

12/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STILES, JAMES A  
Address: 200 JOHN KNOX RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD  
Name: CHITTENDEN, ABBIEGAIL S  
Address: 664 CAPITAL CIR NE  
City-St-Zip: TALLAHASSEE, FL 32301

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: GAIL CHITTENDEN

SD

12/21/2011

Electronic Signature of Signing Officer or Director

Date