

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000091146

**FILED**  
**Oct 16, 2008**  
**Secretary of State**

**Entity Name:** M. PETE MCNABB OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3089 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

3089 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 59-3400293      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MCNABB, M P  
3089 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

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

MCNABB, MAX P  
3089 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 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: MAX P. MCNABB

10/16/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: MCNABB, M P  
Address: 3089 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: V ( ) Delete  
Name: GREEN, DENNIS D  
Address: 3089 GULF BREEZE PRKWY  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: MCNABB, MAX P  
Address: 3089 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAX P. MCNABB

P

10/16/2008

Electronic Signature of Signing Officer or Director

Date