

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312008 REIN-P CR2E098 (1/07)

DOCUMENT # P97000002647			
1. Entity Name RITEWAY OF JACKSONVILLE, INC.			
Principal Place of Business 1823 LAKESHORE DRIVE N ORANGE PARK, FL 32203 US		Mailing Address 1823 LAKESHORE DRIVE N ORANGE PARK, FL 32203 US	
2. Principal Place of Business - No P.O. Box # 5538 Steamboat Rd.		3. Mailing Address 5538 Steamboat Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32092 Country USA		Zip 32092 Country USA	
4. FEI Number 59-3419918		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANIER, GLORIA 1823 LAKESHORE DR N ORANGE PARK, FL 32203		7. Name and Address of New Registered Agent Name Schumacher, John Street Address (P.O. Box Number is Not Acceptable) 5538 Steamboat Rd. City St. Augustine, FL Zip Code 32092	
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		11/17/08	
FILE NOW!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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	D LANIER, LEE 1823 LAKESHORE DR N ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schumacher, Leslie 5538 Steamboat Rd. St. Augustine, FL 32092 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMACHER, JOHN 1823 LAKESHORE DR N ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schumacher, John 5538 Steamboat Rd. St. Augustine, FL 32092 <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	600138346056 12/01/08--01071--007 **150.00 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <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
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		John R. Schumacher 11/17/08 (904) 631-6634	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	