

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000012860

**Entity Name:** KINCAID PRODUCTS, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1200 SW 100TH STREET  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 675  
TRENTON, FL 32693

**New Mailing Address:**

**FEI Number:** 59-3429657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KINCAID, BOBBY B  
1200 SW 100TH STREET  
TRENTON, FL 32693 US

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

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: BOBBY B. KINCAID

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KINCAID, BOBBY B  
Address: P O BOX 675  
City-St-Zip: TRENTON, FL 32693

Title: VPST  
Name: KINCAID, VIOLET E  
Address: P O BOX 675  
City-St-Zip: TRENTON, FL 32693

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: BOBBY B. KINCAID

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/28/2011

\_\_\_\_\_  
Date