2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P98000023787

Entity Name: SOUTH TROPICAL TRAIL, INC.

Current Principal Place of Business:

5255 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

5255 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3498992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMASTER, JAMES D
6797 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: JAMES D MCMASTER

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: MILEY, MARY EVELYN
Address: 929 CASEY COVE DR
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: GUYTON, THOMAS
Address: 5255 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST ( ) Delete
Name: GUYTON, ELIZABETH R
Address: 5255 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARY EVELYN MILEY DPS 04/22/2008

Electronic Signature of Signing Officer or Director Date