2006 FOR PROFIT CORPORATION REINSTATEMENT

		1/21/1/2	V + PIAIPIA	<u> </u>		۹.				
1. Entity Nam	e	# P990001 OF NW FLORIDA				0	FILED 6 NOV -6 PM	2: 57		
						4 .				
Principal Place of Business 5533 HWY 29 NORTH MOLINO, FL 32577			Mailing Addres 5533 HWY 2: MOLINO, FL	9 NORTH		Z AT	ECKLIANT OF S ALLAHASSEE, FL	TATE .ORID A		
							M III M II M II II I			
2. Principal Place of Business			3. Mailing Add	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #,	etc.		MENNS	MILITE	(3) (05)	$\cup \mathcal{O}$	
City & State			City & State			4. FEI Number 59-359733	32	— ——	t Applicable	
Zip	Country		Zip	Cour	ntry	5. Certificate of SI	tatus Desired 🔲	\$8.75 Add Fee Required		
	6. Name	and Address of Currer	nt Registered Agent		I	7. Name and Add	iress of New Registered	Agent		
CDICOCI I	O FILLDER	A D A			Name					
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FLOOR MOLINO, FL 32577					Street Address	(P.O. Box Number Is	Not Acceptable)			
					City		FL	Zip Code	9	
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 Strature typed or printing/harm of regulatored agent and title if application / MOTE: Regulatore regulator industrialing) OATE										
FILE NOWIII FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00										
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHA	VIGES TO OFFICERS AND	DIRECTORS	S IN 11	
TILE	VP 🗀 Delete				TE .	- ·		☐ Change	Addition	
NAME	CHANCE, ALBERT R				Æ				Į	
STREET ADDRESS CITY-ST-ZIP	2950 CHANCE RD MOLINO, FL 32577				EET ADORESS Y-ST-ZIP	i			Ì	
TITLE	P Deinte				LE .			Change	Addition	
NAME	VORNHOLT, GREGORY L				WINE		_			
STREET ADDRESS					EET ADORESS				ļ	
CITY-ST-ZIP	CANTONMENT, FL 32533				Y-ST-ZIP					
TITLE NAME	☐ Delete				LE VIE			☐ Change	☐ Addition }	
STREET ADDRESS	PEES			STREE						
CITY-ST-ZIP	<u> </u>			CIT	Y-ST-ZIP					
TITLE		- .	ِ ۔ ِ ۔	Delete IIII	1			Change	Addition	
NAME Street address	-			STR	EET ADDRESS	<u> </u>	1 003063 /060106601	#799 n	1	
CITY-ST-ZIP	L			сп	Y-ST-ZIP	10/10/	/ UB==U1UBB==U:)U	50.00	
TITLE				Delete 1111	· l			Change	☐ Addition	
NAME CTREET ADDRESS				KAJ						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP					
TITLE	 		П	Delete TITI	E			☐ Change	☐ Addition	
NAME	İ		_	NA NA	VÆ.				_	
STREET ADDRESS					EET ADORESS		•			
CITY-ST-ZZP			de de la Ella a de la constante		Y-ST-ZIP	d in Chant 440. Fl-	uida Clabitan I futbor	lifu that the !-	formation	
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										
of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my haine appears in clock to or block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: YOM OWN MYN (0 46/19 4 11)-15-120 (850-587-3801)										
SIGNATURE: DELA TYPED OR PROPRIED HAME OF SIGNING OFFICER OR DIRECTOR DELA DELA DELA DELA DELA DELA DELA DELA										