

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V37099

FILED
Oct 09, 2009
Secretary of State

Entity Name: MCDUFFIE ENTERPRISES, INC.

Current Principal Place of Business:

523 E. MARTIN LUTHER KING BLVD.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

523 E. MARTIN LUTHER KING BLVD.
STARKE, FL 32091

New Mailing Address:

607 E. MARTIN LUTHER KING BLVD.
STARKE, FL 32091

FEI Number: 59-3172707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, MAMIE L.
998 LAMAR ST
STARKE, FL 32091 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: MAMIE MITCHELL

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: OP () Delete
Name: MITCHELL, MAMIE L
Address: 998 LEMAR ST.
City-St-Zip: STARKE, FL 32091

Title: GMD () Delete
Name: MITCHELL, SIMON
Address: 998 LAMAR ST.
City-St-Zip: STARKE, FL 32091

Title: V () Delete
Name: MCDUFFIE, MICHAEL
Address: 523 E. BROWN LEE ST.
City-St-Zip: STARKE, FL 32091

Title: S () Delete
Name: JUDGE, SADIE L
Address: 5614 12TH AVE S.
City-St-Zip: TAMPA, FL 33619

Title: C () Delete
Name: JUDGE, ALLEN
Address: 5614 12TH AVE. S.
City-St-Zip: TAMPA, FL 33619

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:

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: MICHAEL MCDUFFIE

VP

10/09/2009

Electronic Signature of Signing Officer or Director

Date