

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN -5 PM 3:00

DOCUMENT # P03000154463

1. Entity Name  
GEASON INC



Principal Place of Business  
3791 58TH AVE N  
STE 1  
ST PETERSBURG, FL 33714 US

Mailing Address  
3791 58TH AVE N  
STE 1  
ST PETERSBURG, FL 33714 US

REINSTATEMENT 09-05



2. Principal Place of Business

3791 58TH AVE N  
Suite, Apt. #, etc.

3. Mailing Address

3791 58TH AVE N  
Suite, Apt. #, etc.

11032004 REIN-P CR2E098 (6/04)

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

20-0492350

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEASON, TIMOTHY J  
3791 58TH AVE N  
STE 1  
ST PETERSBURG, FL 33714

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

Signature, typed or printed name of registered agent and file it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, 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

TITLE PD  
NAME GEASON, TIMOTHY J  
STREET ADDRESS 3791 58TH AVE N STE 1  
CITY-ST-ZIP ST PETERSBURG, FL 33714 ☐ Delete

TITLE VD  
NAME GEASON, ROBIN P  
STREET ADDRESS 3791 58TH AVE N STE 1  
CITY-ST-ZIP ST PETERSBURG, FL 33714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300043652243  
12/27/04--01090--021 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300044046488  
01/05/05--01010--023 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TIMOTHY J GEASON 12-12-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-520-9204