

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000104633

1. Entity Name  
CANTERBURY PROPERTY MANAGEMENT, INC.



FILED

04 DEC 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12142004 REIN-P CR2E098 (6/04)

Principal Place of Business  
2025 ROGERS STREET  
CLEARWATER, FL 33764

Mailing Address  
2025 ROGERS STREET  
CLEARWATER, FL 33764

2. Principal Place of Business  
421 Gulfview Blvd.

3. Mailing Address  
421 Gulfview Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip  
33767

Zip  
33767

Country  
USA

Country  
USA

4. FEI Number  
59-3573105

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, MARTIN R  
2025 ROGERS STREET  
CLEARWATER, FL 33764

Name  
Martin R. Cole

Street Address (P.O. Box Number is Not Acceptable)  
421 Gulfview Blvd.

City  
Clearwater

FL Zip Code  
33767

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 Martin R. Cole 12-20-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
D  
NAME  
COLE, MARTIN R  
STREET ADDRESS  
2025 ROGERS STREET  
CITY-ST-ZIP  
CLEARWATER, FL 33764

XX Delete

TITLE  
PD  
NAME  
COLE, Martin R.  
STREET ADDRESS  
421 Gulfview Blvd.  
CITY-ST-ZIP  
Clearwater, FL 33767

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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: Martin R. Cole 12-20-04 727-447-3464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #