

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 492019

1. Entity Name
PLANTATION FRENCH QUARTER MANAGEMENT, INC.



FILED

04 NOV 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
408 N.W. 70TH AVE.
PLANTATION, FL 33317-7550

Mailing Address
408 N.W. 70TH AVE.
PLANTATION, FL 33317-7550

2. Principal Place of Business

3. Mailing Address
4780 N STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 250

11022004

REIN-P

CR2E098 (6/04)

City & State

City & State
LAUDERDALE LAKES, FL

4. FEI Number

59-1668793

Applied For

Not Applicable

Zip

Country

Zip

33319

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COKER, BILL
334 NW 69TH AVE
SUITE 296
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name
PHOENIX MANAGEMENT SRVC

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

4780 N STATE RD 7, STE 250

City LAUDERDALE LAKES FL Zip Code 33319

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

William H. Coker, Pres
WILLIAM H. COKER, 11-4-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

400042896494

11/12/04-01057-010-01150-030
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE S
NAME CRAWFORD, BOBBIE
STREET ADDRESS 304 NW 69 AVE #155
CITY-ST-ZIP PLANTATION, FL 33317

TITLE P
NAME COKER, BILL
STREET ADDRESS 334 NW 69TH AVE, #296
CITY-ST-ZIP PLANTATION, FL 33317

TITLE T
NAME ODOM, WAYNE H
STREET ADDRESS 424 NW 69 AVE #122
CITY-ST-ZIP PLANTATION, FL 33317

TITLE VP
NAME BECKMAN, ALAN
STREET ADDRESS 326 NW 69 AVE #143
CITY-ST-ZIP PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T
NAME Bobbie Crawford
STREET ADDRESS 304 NW 69 AVE #155
CITY-ST-ZIP PLANTATION, FL 33317

TITLE P
NAME William Coker
STREET ADDRESS 334 NW 69 AVE #296
CITY-ST-ZIP PLANTATION, FL 33317

TITLE VP
NAME Alan Beckman
STREET ADDRESS 326 NW 69 AVE #143
CITY-ST-ZIP PLANTATION, FL 33317

TITLE S
NAME Fred Richman
STREET ADDRESS 304 NW 69 AVE #192
CITY-ST-ZIP PLANTATION, FL 33317

TITLE D
NAME Barry Smith
STREET ADDRESS 404 NW 70 AVE #218
CITY-ST-ZIP PLANTATION, FL 33317

TITLE
NAME Joseph Trisdorn (D)
STREET ADDRESS 4520 NW 6 COURT
CITY-ST-ZIP PLANTATION, FL 33317

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:

William H. Coker
WILLIAM H. COKER, 11-04-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

984-791-1850