

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 499955

1. Entity Name
FLAGSHIP PROPERTY MANAGEMENT, INC.



FILED

2008 APR -7 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4000 ST JOHNS AVE #22
JACKSONVILLE, FL 32205

Mailing Address
4000 ST JOHNS AVE #22
JACKSONVILLE, FL 32205

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01022008 REIN-P CR2E098 (1/07)

4. FEI Number
59-1672184

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

CRAVEY, JERRY R.
4000 ST JOHNS AVE #22
JACKSONVILLE, FL 32205

Name

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

1121 Kingsly Ave
City Orange Park

FL

Zip Code 32073

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

400122544844
04/08/08--01011--021 **300.00

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD
NAME WALTON, W H JR (ASST) ☒ Delete
STREET ADDRESS 4000 ST JOHNS AVE 26
CITY-ST-ZIP JACKSONVILLE, FL

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

TITLE VD
NAME LENTZ, ANN ☐ Delete
STREET ADDRESS 4000 ST JOHNS AVE #22
CITY-ST-ZIP JACKSONVILLE, FL

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

TITLE VSD
NAME WEED, J.D., JR. ☐ Delete
STREET ADDRESS 4000 ST JOHNS AVE #26
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 32 mulberry St
CITY-ST-ZIP Jacksonville, FL 32084

TITLE PD
NAME CRAVEY, JERRY R. ☐ Delete
STREET ADDRESS 4000 ST JOHNS AVE #22
CITY-ST-ZIP JACKSONVILLE, FL

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #