

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 APR 10 PM 1:56

FLORIDA STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 594901

1. Entity Name
1770 LAS OLAS CORPORATION



Principal Place of Business
1365 R, SR 206 EAST
SAINT AUGUSTINE, FL 32086

Mailing Address
1365 R, SR 206 EAST
SAINT AUGUSTINE, FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04052006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number
59-1870168

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

HARRIS, J. R
1365-R SR 206 E
ST.AUGUSTINE, FL 32086

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

J. R. Harris J. R. HARRIS

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

(NOTE: Registered Agent signature required when reinstating)

4/6/06

DATE

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 VPD ☒ Delete
NAME HARRIS, J. ROGER R
STREET ADDRESS 1365 R, SR 206 EAST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE PD ☒ Change ☐ Addition
NAME J. ROGER HARRIS
STREET ADDRESS 1365 R, SR 206 E
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE VD ☐ Delete
NAME HARRIS, JAY R
STREET ADDRESS 1365 R, SR 206 EAST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition
NAME 800070469098
STREET ADDRESS 04/14/06--01064--017 ***300.00
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME HARRIS, CAROL B
STREET ADDRESS 1365 R, SR 206 EAST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition
NAME *J. R. Harris*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

4/6/06

Date

Daytime Phone #