

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000006617

1. Entity Name  
PROJECT SKATE, INC.



FILED

2007 SEP 12 AM 6:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1200 PLANTATION ISLAND DRIVE  
SUITE 140  
ST AUGUSTINE, FL 32080

Mailing Address  
1200 PLANTATION ISLAND DRIVE  
SUITE 140  
ST AUGUSTINE, FL 32080

2. Principal Place of Business - No P.O. Box #  
113 10th Street

3. Mailing Address  
113 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09102007 REIN-NP

CR2E099 (1/07)

City & State  
St. Augustine FL  
Zip 32080 Country

City & State  
St. Augustine FL  
Zip 32080 Country

4. FEI Number  
59-3630336

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MCLEOD, ROBERT L II  
1200 PLANTATION ISLAND DRIVE  
SUITE 140  
ST AUGUSTINE, FL 32080

## 7. Name and Address of New Registered Agent

Name  
DAMON DOUGLAS

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

City St. Augustine FL Zip Code 32080

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]*

Damon Douglas

9/10/07

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T MCDANIEL, PHILIP 51 WATER STREET ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S SACCO, SEAN 5 LAKESHORE DRIVE ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, DAMON 69 LIGHTHOUSE AVENUE ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAMON DOUGLAS 69 Lighthouse Ave. St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Tim Brooks 113 10th Street St. Augustine FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tory Strange 1020 Anastasia Blvd. St. Augustine FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Philip McDaniel 51 Water Street St. Augustine FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109372991 09/12/07--01042--005 **306.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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]* Damon Douglas

9/10/07

Date

Daytime Phone #