

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000055712

1. Entity Name
FUNK CONSULTING & PROMOTIONAL SERVICES, INC.



FILED

04 DEC 27 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6585 58TH AVENUE
VERO BEACH, FL 32967
6640 49th Court
Vero Beach, Fla. 32967

Mailing Address

PO BOX 94
WINTER BEACH, FL 32971
6640 49th Court
Vero Beach, Fla. 32967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1014686

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

FUNK, LEE W
6585 58TH AVE
VERO BEACH, FL 32967

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

Lee W Funk

(NOTE: Registered Agent signature required when reinstating)

DATE

12-23-04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$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 D ☐ Delete
NAME FUNK, LEE W
STREET ADDRESS 6585 58TH AVE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE ☒ Change ☐ Addition
NAME *6640 49th Court*
STREET ADDRESS *Vero Beach, Fla. 32967*
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FUNK, RUTHANN
STREET ADDRESS 6585 58TH AVE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE ☒ Change ☐ Addition
NAME *6640 49th Court*
STREET ADDRESS *Vero Beach, Fla. 32967*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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:

Lee W Funk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-23-04