

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000073044

1. Entity Name
1200 FOURTH STREET, INC.



Principal Place of Business
19 HILTON HAVEN DR.
KEY WEST, FL 33040

Mailing Address
19 HILTON HAVEN DR.
KEY WEST, FL 33040

2. Principal Place of Business
2912 Harris Avenue
Suite, Apt. #, etc.

3. Mailing Address
2912 Harris Avenue
Suite, Apt. #, etc.

City & State
Key West, FL

City & State
Key West, FL

11172006

REIN-P

CR2E098 (11/05)

06

4. FEI Number
65-1034129

Applied For
Not Applicable

Zip
33040

Country

Zip
33040

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, BRENT D
801 BRICKELL AVE., SUITE 1901
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Brent D. Klein
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite 1900
City
Miami, FL Zip Code
33131

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

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERTS, NORMA L
19 HILTON HAVEN DR.
KEY WEST, FL 33040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Daniel K. Roberts
2912 Harris Avenue, Key West, FL 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000082921790
01/02/07--01066--005 **150.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 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:

Daniel K. Roberts, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #