

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000009928

1. Entity Name  
FIRESTOP COREDRILL, INC.



FILED

07 APR -2 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
3949 EVANS AVE, #205 #403 3949 EVANS AVE, #205 #403  
FT MYERS, FL 33901 FT MYERS, FL 33901



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

03292007 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-1072335 Applied For Not Applicable

Zip Country Zip Country

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

STANISLAWSKI, GERALD  
3949 EVANS AVE, #205 #403  
FT MYERS, FL 33901

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-29-07

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 P ☐ Delete  
NAME SATNISLAWSKI, GERALD  
STREET ADDRESS 3949 EVANS AVENUE, #403  
CITY-ST-ZIP FT MYERS, FL 33901

TITLE ☐ Change ☐ Addition  
NAME 700096445127  
STREET ADDRESS 04/11/07--01020--011 \*\*300.00  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME STANISLAWSKI, MARYBETH  
STREET ADDRESS 3949 EVANS AVENUE, #403  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT  
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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-07 239-275-7766

Date

Daytime Phone #