

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR -2 AM 8:55

REINSTATEMENT 06-07



02012007 REIN-P CR2E098 (1/07)

4. FEI Number  
59-3735029

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P01000074402

1. Entity Name  
COLE CONSTRUCTION AND MANAGEMENT CORPORATION



Principal Place of Business  
4461 LEGENDARY DRIVE  
DESTIN, FL 32541

Mailing Address  
4461 LEGENDARY DRIVE  
DESTIN, FL 32541

2. Principal Place of Business - No P.O. Box #  
4704

3. Mailing Address  
P.O. Box 5563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PENSACOLA, FLORIDA

City & State  
DESTIN, FLORIDA

Zip  
32504

Country

Zip  
32540

Country

U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN W. HAWKINS  
607 HWY 9B EAST  
DESTIN, FL 32541

Name  
JOSEPH M. SCHEIDT, JR. PA

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

979 HWY 9B EAST

UNIT B-1

City  
DESTIN

State  
FL

Zip Code  
32541

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

FEB. 2, 2007

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLE, CHARLES C 4461 LEGENDARY DRIVE DESTIN, FL 32541	<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
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 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	000092219610 03/12/07--01015--008 **300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 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

FEB. 2, 2007

Date

Daytime Phone #

850-837-1171