

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000008845

1. Entity Name  
MELCHOR M. CARBONELL, INC.



Principal Place of Business  
7450 103 RD ST  
JACKSONVILLE, FL 32210

Mailing Address  
P O BOX 24668  
JACKSONVILLE, FL 32241

2. Principal Place of Business  
7450 103RD ST  
Suite, Apt. #, etc.

3. Mailing Address  
7450 103RD  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL  
Zip 32210 Country Duval

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JACKSONVILLE, FL  
Zip 32210 Country Duval

03242005 REIN-P CR2E098 (6/04)

4. FEI Number  
80-0032947  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD  
SUITE #2  
JACKSONVILLE, FL 32257

## 7. Name and Address of New Registered Agent

Name Stephen Carbonell  
Street Address (P.O. Box Number is Not Acceptable)  
7450 103RD ST  
City JACKSONVILLE FL Zip Code 32210

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 Stephen Carbonell STEPHEN CARBONELL 3-30-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

900055410413  
05/27/05--01045--003 \*\*900.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBONELL, MELCHOR M POST OFFICE BOX 24668 JACKSONVILLE, FL 32241-0668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARBONELL, REYNALDA C POST OFFICE BOX 24668 JACKSONVILLE, FL 32241-0668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHEN C. CARBONELL 7450 103RD ST JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CATHY C. CARBONELL 7824 MARSALA CT. JACKSONVILLE, FL 32244	<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	Carbonell, Melchor 7450 103RD ST JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carbonell, Reynalda 7450 103RD ST JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHEN C. CARBONELL 7450 103RD ST JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CATHY C. CARBONELL 7824 MARSALA CT JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAROLINE C. BAI 7824 MARSALA CT JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input checked="" 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 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: Stephen Carbonell STEPHEN C. CARBONELL 3/30/05 404-778-3315  
Signature and typed or printed name of signing officer or director Date Daytime Phone #