

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000037509

1. Entity Name  
L & J OF ST. LUCIE COUNTY, INC.



FILED

05 NOV -7 PM 4: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1611 SOUTH JENKINS ROAD  
FORT PIERCE, FL 34947

Mailing Address  
1611 SOUTH JENKINS ROAD  
FORT PIERCE, FL 34947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202005 REIN-P CR2E098 (6/04)

4. FEI Number  
01-0647423

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

KOBLEGARD, R N III  
401 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950

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, 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, 2006, 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 O ☐ Delete  
NAME ODOM, JOHN  
STREET ADDRESS 1611 SOUTH JENKINS ROAD  
CITY- ST- ZIP FORT PIERCE, FL 34947

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200061219072  
CITY- ST- ZIP 11/07/05--01059--013 \*\*150.00

TITLE O ☐ Delete  
NAME ODOM, LOUISE  
STREET ADDRESS 1611 SOUTH JENKINS ROAD  
CITY- ST- ZIP FORT PIERCE, FL 34947

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  
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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 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:

John Odom

John Odom

11/2/05

772-465-4495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #