

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000072976

1. Entity Name  
MODERN AGE, INC.



FILED

07 MAY 29 AM 7:40

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7637 LAZEAU DR  
JACKSONVILLE, FL 32211

Mailing Address  
7637 LAZEAU DR  
JACKSONVILLE, FL 32211

2. Principal Place of Business - No P.O. Box #  
12365 Clydene Ct

Suite, Apt. #, etc.

3. Mailing Address  
12365 Clydene Ct

Suite, Apt. #, etc.

City & State  
Jacksonville FL

Zip

Country

32205 USA

City & State  
Jacksonville FL

Zip

Country

32205 USA



4. FEI Number  
01-0734978

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

LONGLEY, GERALD D  
7637 LAZEAU DR  
JACKSONVILLE, FL 32211

Name  
Gerald D. Longley  
Street Address (P.O. Box Number is Not Acceptable)  
12365 Clydene Ct  
City  
Jacksonville FL Zip Code  
32205

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 GERALD D. Longley 5-24-07  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
LONGLEY, GERALD D  
7637 LAZEAU DR  
JACKSONVILLE, FL 32211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
Longley, Gerald D  
12365 Clydene Ct  
Jacksonville FL 32205 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
IF  
600104100866  
06/08/07--01004--001 \*\*308.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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. 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: GERALD D. Longley 5-24-07  
Signature typed or printed name of signing officer or director Date Daytime Phone #

7C 6/6