## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT # P02000133179** FILED 1. Entity Name MELBOURNE ARCHITECTURAL MILLWORK COMPANY 07 APR 27 AM 10: 02 Mailing Address Principal Place of Business DECRETARY OF STATE 325 EAST DRIVE 325 EAST DRIVE TALLAHASSEE, FLORIDA MELBOURNE, FL 32904 MELBOURNE, FL 32904 US US 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 76-0721452 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARKIN, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1900 SOUTH HICKORY STREET MELBOURNE, FL 32901 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 ag SIGNATURE (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Delete ☐ Change Addition TITLE TITLE SOYK, THOMAS W NAME STREET ADDRESS 325 EAST DRIVE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32904 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete HTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE THE NAME -7 2007 K. Eckel MAY NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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 addresse, with all other like empowered. SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR