

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000008418

1. Entity Name
DARREN L. KITCHEL, P.A.



Principal Place of Business
2701 NE 10 TER
WILTON MANORS, FL 32082

Mailing Address
2701 NE 10 TER
WILTON MANORS, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12032004

REIN-P

CR2E098 (6/04)

4. FEI Number 20-247-1769
~~XP~~

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

HALLERAN, ROBERT B ESQ.
1920 E HALLANDALE BCH BLVD STE 803
HALLANDALE BCH, FL 33009

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, 2005, 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 ☒ ~~NAME~~
NAME ☒ ~~STREET ADDRESS~~
STREET ADDRESS ☒ ~~CITY - ST - ZIP~~
CITY - ST - ZIP
*Darren L. Kitchel
*President
*817 NE 35th St.
*Oakland Park, FL 33324

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP
300050509993
04/12/05--01008--013 **300.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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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)(b), 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: X Darren L. Kitchel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/10/05
Date

Daytime Phone #

FILED

05 MAR 14 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

