

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000024180

1. Entity Name
CHARLES MECHWART ENTERPRISES, INC.



FILED
05 NOV 17 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2840 HOFFMAN DR
ORLANDO, FL 32837

Mailing Address
2840 HOFFMAN DR
ORLANDO, FL 32837

2. Principal Place of Business

3. Mailing Address

19 SHINNEDOCK DRIVE 19 SHINNEDOCK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL PALM COAST, FL

Zip
32137

Country

USA

Zip

32137

Country

USA

11102005

REIN-P

CR2E098 (6/04)

4. FEI Number

11-3677899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEYED, JOSEPH M JR
1221 AIRPORT RD STE 209
DESTIN, FL 32541

7. Name and Address of New Registered Agent

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

11/10/05

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

TITLE D ☒ Delete
NAME MECHWART, CHARLES
STREET ADDRESS 2840 HOFFMAN DR
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete
NAME MECHWART, CHARLES
STREET ADDRESS 19 SHINNEDOCK DRIVE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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)(l), 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:

Charles Mechwart

11/10/05

M. Williams NOV 17 2005