

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL -3 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06272007 REIN-P CR2E098 (1/07)

4. FEI Number
56-2329367

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANTA, KRIS
1718-1 ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32246

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

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BANTA, KRIS
STREET ADDRESS 1718-1 ST. JOHNS BLUFF ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32246

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000105409120
07/03/07--01051--009 **900.00

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6 aw