


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000043237 1. Entity Name COACH & CARRIAGE, INC.					
Principal Place of Business 2829 WESTBERRY RD JACKSONVILLE, FL 32223			Mailing Address 2829 WESTBERRY RD JACKSONVILLE, FL 32223		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-3113731-222112	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVELLE, MAUREEN 2829 WESTBERRY RD JACKSONVILLE, FL 32223				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 <u><i>Maureen C Gravelle</i></u> MAUREEN C GRAVELLE <i>Oct 28 / 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 STREET ADDRESS CITY-ST-ZIP	D GRAVELLE, MAUREEN 2829 WESTBERRY RD JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042354610 11/01/04--01058--023 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JEFFREY 771 NOTTINGHAM FOREST CIR JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Maureen C Gravelle</i></u> MAUREEN C GRAVELLE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Oct 28 / 2004</i> 904-268-3555 <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282004 REIN-P CR2E098 (6/04)

4. FEI Number
75-3113731-222112

Applied For
Not Applicable

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

**GRAVELLE, MAUREEN
2829 WESTBERRY RD
JACKSONVILLE, FL 32223**

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 *Maureen C Gravelle* **MAUREEN C GRAVELLE** *Oct 28 / 2004*
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

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STREET ADDRESS
CITY-ST-ZIP

D
GRAVELLE, MAUREEN
2829 WESTBERRY RD
JACKSONVILLE, FL 32223
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JACKSON, JEFFREY
771 NOTTINGHAM FOREST CIR
JACKSONVILLE, FL 32259
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
000042354610
11/01/04--01058--023 *150.00**

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: *Maureen C Gravelle* **MAUREEN C GRAVELLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 28 / 2004 **904-268-3555**
Date Daytime Phone #