

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 AUG 15 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000057370

1. Entity Name
KENNETH CARTONLA, P.A.



Principal Place of Business
2550 PALM BAY RD STE 102
PALM BAY, FL 32905

Mailing Address
2550 PALM BAY RD STE 102
PALM BAY, FL 32905

2. Principal Place of Business
1140 Fairway Ct NE
Suite, Apt. #, etc.

3. Mailing Address
1140 Fairway Ct NE
Suite, Apt. #, etc.



03222006 REIN-P CR2E098 (11/05)

City & State
Palm Bay FL
Zip
32905
Country
USA

City & State
Palm Bay FL
Zip
32905
Country
USA

4. FEI Number
41-2096726

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTONLA, KENNETH
2550 PALM BAY RD., STE 102
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

Name
Kenneth Cartonla
Street Address (P.O. Box Number is Not Acceptable)
1140 Fairway Court NE
City
Palm Bay FL Zip Code
32905

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

Kenneth Cartonla, Reg Agent 3/20/06

FILE NOW!!! FEE IS \$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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
CARTONLA, KENNETH
2550 PALM BAY RD., STE 102
PALM BAY, FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
Cartonla, Kenneth
1140 Fairway Court NE
Palm Bay FL 32905 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600078881956
08/18/06--01033--023 **300.00 ☐ Change ☐ Addition

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

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

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

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

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

Kenneth Cartonla Pres 3/20/06 (321) 952-6868

Date

Daytime Phone #

8/16
aw