

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000058258

1. Entity Name
CSD SMYRNA HOLDING CO.



FILED

07 DEC -7 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
624 3RD AVE.
NEW SMYRNA BEACH, FL 32169

Mailing Address
624 3RD AVE.
NEW SMYRNA BEACH, FL 32169



REINSTATEMENT 2007
12052007 24 REIN: P 1 E1 CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 11-3812400
NOT APPLICABLE

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

CAPUTO, DOMINICK
624 E 3RD AVENUE
NEW SMYRNA BEACH, FL 32169

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, 2008, 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 PD
NAME CAPUTO, DOMINICK
STREET ADDRESS 624 3RD AVE.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SNOW, ROBERT
STREET ADDRESS 624 3RD AVE.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME DAHL, JOHN P
STREET ADDRESS 624 3RD AVE.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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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: Robert B. Snow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/07 (386)
427-0755
Date Daytime Phone #