

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000059255

1. Entity Name  
DS SOLID SURFACE CUSTOM COUNTERTOPS, INC.



FILED  
05 FEB 21 PM 3:49

TALLAHASSEE, FLORIDA

Principal Place of Business  
110 JEFFERSON AVE  
LEHIGH ACRES, FL 33972

Mailing Address  
110 JEFFERSON AVE  
LEHIGH ACRES, FL 33972



2. Principal Place of Business  
6130 Idlewild Street  
Suite, Apt. #, etc.  
Units 5 & 6

3. Mailing Address  
6130 Idlewild Street  
Suite, Apt. #, etc.  
Units 5 & 6

02152005 REIN-P CR2E098 (6/04)

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

4. FEI Number  
55-0835920

Applied For  
Not Applicable

Zip Country  
33912 Lee

Zip Country  
33912 Lee

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

6. Name and Address of Current Registered Agent

RANDOLPH, MICHAEL D  
1619 JACKSON STREET  
FT MYERS, FL 33901

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 *William A Doppler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/05

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 D  
NAME SANTIAGO, DALTON  
STREET ADDRESS 110 JEFFERSON AVE  
CITY-ST-ZIP LEHIGH ACRES, FL 33972 ☐ Delete

TITLE D  
NAME DOPPLER, WILLIAM A  
STREET ADDRESS 714 SHARAR COURT  
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000048846490  
03/22/05--01022--019 \*\*308.75

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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: *William A Doppler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05

239-226-0202

Date

Daytime Phone #