

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000063663

1. Entity Name
IVAN DAVID PROPERTIES, INC.



Principal Place of Business
67 BLUE RUE DU SOLEIL
SANTA ROSA BEACH, FL 32459

Mailing Address
67 BLUE RUE DU SOLEIL
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business

PO BOX 5924

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 5924

Suite, Apt. #, etc.

City & State
DESTIN FL

City & State
DESTIN FL

Zip
32540

Country
OKLAHOMA

Zip
32540

Country
OKLAHOMA

01042005

REIN-P

CR2E098 (6/04)

4. FEI Number
20-0035736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAWKINS, JOHN W
MATTHEWS & HAWKINS, P.A.
607 HIGHWAY 98 EAST
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name John W. Hawkins, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Matthews + Hawkins, P.A.
4475 Legendary Drive
City Destin FL Zip Code 32541

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 \$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 Benjamin Twigden
STREET ADDRESS Post Office Box 5924
CITY-ST-ZIP Destin, Florida 32541 ☐ 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

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

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 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 #

FILED
05 MAR -4 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04-05

