

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000069246

1. Entity Name
GEORGE AYLOR, JR., INC.



FILED
05 JAN -3 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2474 SE BURTON ST
PORT ST LUCIE, FL 34952

Mailing Address
2474 SE BURTON ST
PORT ST LUCIE, FL 34952

2. Principal Place of Business
1496 SE LENNARD ROAD
Suite, Apt. #, etc.

3. Mailing Address
790 SE ALBATROSS AVENUE
Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FLORIDA
Zip
34952
Country
USA

City & State
PORT ST. LUCIE, FLORIDA
Zip
34983
Country
USA

11092004 REIN-P CR2E098 (6/04)

4. FEI Number
56-2372344

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AYLOR, GEORGE JR
2474 SE BURTON ST
PORT ST LUCIE, FL 34952

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 George M Aylor Jr DATE 12/3/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYLOR, GEORGE JR 2474 SE BURTON ST PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043225232 12/07/04--01008--016 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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 my address, with all other like empowered.

SIGNATURE: George M Aylor Jr DATE 12/3/04 772-335-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR