

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000082405

1. Entity Name
THOMAS E CUSHMAN, P.A.



Principal Place of Business
**222 SAN MARCO AVENUE
ST. AUGUSTINE, FL 32084**

Mailing Address
**222 SAN MARCO AVENUE
ST. AUGUSTINE, FL 32084**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
P.O. Box 1536
Suite, Apt. #, etc.
City & State
St. Augustine, FL
Zip Country
32085 U.S.

FILED
04 NOV -9 PM 1:40
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



10202004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3252651

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

6. Name and Address of Current Registered Agent
**CUSHMAN, THOMAS E
222 SAN MARCO AVENUE
ST. AUGUSTINE, FL 32084**

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 *Thomas E Cushman* DATE **10/31/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CUSHMAN, THOMAS E 222 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042606420 11/09/04--01069--015 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Thomas E Cushman* DATE **10/30/04** DAYTIME PHONE # **904-826-0220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR