

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000113537

1. Entity Name
GLENN BROWN CARPENTRY, INC.



FILED
05 JAN -4 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1300 CONRAD
NEW SMYRNA BCH, FL 32168

Mailing Address
1300 CONRAD
NEW SMYRNA BCH, FL 32168

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11292004

REIN-P

CR2E098 (6/04)

City & State

New Smyrna Beach FL

City & State

Zip

32168

Country

Volusia

Zip

Country

4. FEI Number

86-1083555

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, GLENN
1300 CONRAD
NEW SMYRNA BCH, FL 32168

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
DPTS
BROWN, GLENN
1300 CONRAD
NEW SMYRNA BCH, FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
500043881885
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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 #

Glenn E Brown Dec 28 04