

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000113764

1. Entity Name
SIMONE PROPERTIES, INC.



FILED
04 OCT 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3017 EXCHANGE COURT
STE H
WEST PALM BEACH, FL 33409**

Mailing Address
**3017 EXCHANGE COURT
STE H
WEST PALM BEACH, FL 33409**



2. Principal Place of Business
209 N.E. 5th Ave

3. Mailing Address
209 N.E. 5th Ave

Suite, Apt. #, etc.

10182004 REIN-P CR2E098 (6/04)

City & State
Okeechobee FL

City & State
Okeechobee FL

Zip
34972

Country
USA

Zip
34972

Country
USA

4. FFI Number
55-0850065

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, MELTON
3017 EXCHANGE COURT
STE H
WEST PALM BEACH, FL 33409

209 N.E. 5th Ave
Okeechobee, FL
34972

7. Name and Address of New Registered Agent

Name
GRANT, MELTON

Street Address (P.O. Box Number is Not Acceptable)
209 N.E. 5th Ave

City
Okeechobee

FL Zip Code
34972

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 **GRANT, MELTON** **10-19-2004**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD GRANT, MELTON 3017 EXCHANGE COURT, STE H WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 209 NE 5th Avenue Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANT, NYSOLA 3017 EXCHANGE COURT, STE H WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 209 NE 5th Ave. Okeechobee, FL 34972
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 000042017520 10/20/04--01049--010 **150.00
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
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
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 10/22
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: **-MELTON GRANT** **10-19-2004** **863-763-8839**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #