

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 30 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11302004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000128393

1. Entity Name
MARK OWENS, INC.



Principal Place of Business
11731 SCOTT RD
FOUNTAIN, FL 32438

Mailing Address
11731 SCOTT RD
FOUNTAIN, FL 32438

2. Principal Place of Business

3. Mailing Address

P.O. Box 283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fountain FL

4. FEI Number
38-369-2701

Applied For
Not Applicable

Zip

Country

Zip

Country

32438

U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, ELAINE D
11731 SCOTT RD
FOUNTAIN, FL 32438

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: Elaine D. Owens Elaine D. Owens Jan. 03.05
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

TITLE D ☐ Delete
NAME OWENS, MARK
STREET ADDRESS 11731 SCOTT RD
CITY-ST-ZIP FOUNTAIN, FL 32438

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200043537672
STREET ADDRESS 12/20/04--01070--020 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200043537672
STREET ADDRESS 12/20/04--01070--021 **8.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200043537672
STREET ADDRESS 01/11/05--01048--003 **150.00
CITY-ST-ZIP

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

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

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

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

12-13-04 830-215-2576
Date Daytime Phone #