

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05

DOCUMENT # P03000136541

1. Entity Name
MARK DURHAM PAINTING, INC.



FILED

05 JAN 13 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



01062005 REIN-P CR2E098 (6/04)

Principal Place of Business
94 10TH AVENUE
SHALIMAR, FL 32579

Mailing Address
94 10TH AVENUE
SHALIMAR, FL 32579

2. Principal Place of Business
340 Gardner Drive
Suite, Apt. #, etc.

3. Mailing Address
340 Gardner Drive
Suite, Apt. #, etc.

City & State
Ft. Walton Bch, FL
Zip
32548

City & State
Ft. Walton Bch, FL
Zip
32548

4. FEI Number
20-0402100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PITELL, LISA Y
4 ELEVENTH AVENUE
SUITE 1
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name
Robert E. Durham
Street Address (P.O. Box Number is Not Acceptable)
340 Gardner Drive
City
Ft. Walton Bch, FL
Zip Code
32548

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 DURHAM, MARK
STREET ADDRESS 94 10TH AVENUE
CITY-ST-ZIP SHALIMAR, FL 32579

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 DPSVT ☒ Change ☐ Addition
NAME
STREET ADDRESS 96 10th Avenue
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Robert E. Durham
STREET ADDRESS 340 Gardner Drive
CITY-ST-ZIP Ft. Walton Bch, FL 32548

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

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

Date

Daytime Phone #