

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 AM 8:33

DOCUMENT # P03000156629

1. Entity Name
ROBERT DUMAS, INC.



Principal Place of Business
174 WELLSTONE DR.
PALM COAST, FL 32164

Mailing Address
153 WELLSTONE DR.
PALM COAST, FL 32164



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

174 Wellstone Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022009

REIN-P

CR2E098 (1/07)

City & State

City & State

Palm Coast, FL

4. FEI Number

05-0593725

Applied For

Not Applicable

Zip

Country

Zip

32164

Country

Flagler

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

DUMAS, ROBERT E
174 WELLSTONE DRIVE
PALM COAST, FL 32164

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 Robert E. Dumas ^{owner/operator} Robert E. Dumas 3/5/09

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

Due to improper mailing
address, notice was not
received.

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
PT
DUMAS, ROBERT E
174 WELLSTONE DRIVE
PALM COAST, FL 32164

☐ Delete

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☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert E. Dumas Robert E. Dumas 386 503 8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #