

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000035125

1. Entity Name
DIAMOND P CONSTRUCTION & REMODELING, INC.



FILED

11 JUN 28 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2229 LAKE BRADFORD RD
TALLAHASSEE, FL 32310

Mailing Address
2229 LAKE BRADFORD RD
TALLAHASSEE, FL 32310

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06282011

REIN-P

CR2E098 (1/07)

4. FEI Number

13-4284719

Applied For

Not Applicable

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

MADDOX, CLEVELAND P JR
115 BRAGG DR
TALLAHASSEE, FL 32305

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

Cleveland P. Madox, Jr.

6.28.11

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME MADDOX, PRESTON JR
STREET ADDRESS 115 BRAGG DR
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE P ☐ Delete
NAME MADDOX, PRESTON SR
STREET ADDRESS 713 WEST KING ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE S ☒ Delete
NAME SMITH, CHARLES
STREET ADDRESS BRICKYARD RD
CITY-ST-ZIP MIDWAY, FL 33318

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
STREET ADDRESS 900209432559
CITY-ST-ZIP 06/28/11--01019--016 **400.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900209432559
CITY-ST-ZIP 06/28/11--01019--017 **500.00

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 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:

Cleveland P. Madox, Jr.

6.28.11

850.251.2508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #