

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000047833

1. Entity Name
CLOONAN MARCITING & REMODELING, INC.



FILED

05 NOV -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
118-6 JACKSON RD
JACKSONVILLE, FL 32225

Mailing Address
118-6 JACKSON RD
JACKSONVILLE, FL 32225

2. Principal Place of Business
118 Jackson Road
Suite, Apt. #, etc.

3. Mailing Address
118 Jackson Road
Suite, Apt. #, etc.

Suite 9
City & State
Jacksonville, FL

Suite 9
City & State
Jacksonville, FL

Zip
32225

Zip
32225

11012005 REIN-P CR2E098 (6/04)

4. FEI Number
32-0111428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLOONAN MARCITING & REMODELING, INC.
417 CASSAT AVE
JACKSONVILLE, FL 32254

7. Name and Address of New Registered Agent

Name
Raymond Cloonan
Street Address (P.O. Box Number is Not Acceptable)
118 Jackson Road
Suite 9
City
Jacksonville, FL Zip Code
32225

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 *Raymond Cloonan* *Raymond Cloonan* 11-1-05
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, 2006, 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
NAME P
CLOONAN, RAY ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 118-6 JACKSON RD
JACKSONVILLE, FL 32225

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P ☒ Change ☐ Addition
CLOONAN, Raymond
STREET ADDRESS
CITY-ST-ZIP 118 Jackson Road, Suite 9
Jacksonville, FL 32225

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 600061220426
11/07/05--01065--008 **150.00

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: *Raymond Cloonan* *Raymond Cloonan* 11-1-05 (904) 641-0480
Signature and typed or printed name of signing officer or director Date Daytime Phone #