

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 18 PH 2:56

REINSTATEMENT 05-06



09122006 REIN-P CR2E098 (11/05)

4. FEI Number **77-0630827** 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

KNIGHT, JERRY C
2825 N. OCEANSHORE BLVD.
BEVERLY BEACH, FL 32136

Name **CHARLES P. GRIMES**

Street Address (P.O. Box Number is Not Acceptable)

36 CHEROKEE AVE

City **PAUM COAST**

FL

Zip Code **32137**

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 *Charles P. Grimes III*
Signature, typed or printed name of registered agent and title if applicable

Charles Grimes

(NOTE: Registered Agent signature required when reinstating)

09/14/2006
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME **PSTD** ☐ Delete
STREET ADDRESS **GRIMES, CHARLES P**
CITY-ST-ZIP **36 CHEROKEE AVENUE
PALM COAST, FL 32137**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **900080029429**
CITY-ST-ZIP **09/21/06--01032--005 **935.00**

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

TITLE ☐ Change ☐ Addition
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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: *Charles P. Grimes III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles P. Grimes III
Date

Date

Daytime Phone #

9/14/06 3805037450