

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000166452

1. Entity Name  
MARK HOUSMAN SCREEN REPAIRS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL -2 AM 10:26

REINSTATEMENT 06-07



06222007 REIN-P CR2E098 (1/07)

4. FEI Number  
201987320  
Applied For  
Not Applicable

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

Principal Place of Business  
4225 MILWAUKEE AVE.  
W. MELBOURNE, FL 32904

Mailing Address  
4225 MILWAUKEE AVE.  
W. MELBOURNE, FL 32904

2. Principal Place of Business - No P.O. Box #  
4160 Dow Rd Suite 102  
Suite, Apt. #, etc.  
102

3. Mailing Address  
4160 Dow Rd  
Suite, Apt. #, etc.  
102

City & State  
Melbourne, FL  
Zip  
32934  
Country  
USA

City & State  
Melbourne FL  
Zip  
32934  
Country  
USA

6. Name and Address of Current Registered Agent

HOUSMAN, MARK  
4225 MILWAUKEE AVE.  
W. MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

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

*[Signature]*

MARK Housman

6-25-07

Signature, (need to print name of registered agent and title if applicable).

(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 NAME STREET ADDRESS CITY-ST-ZIP	PRES HOUSMAN, MARK 4225 MILWAUKEE AVE. W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOUSMAN, MARK 4225 MILWAUKEE AVE. W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HOUSMAN, MARK 4225 MILWAUKEE AVE. W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Mark Housman 4160 Dow Road Suite 102 Melbourne, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Housman, Mark 4160 Dow Road Suite 102 Melbourne, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea Housman, Mark 4160 Dow Road Suite 102 Melbourne, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, title, or other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Housman 6-25-07

Date

321-255-2778

Daytime Phone #