

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000001326

1. Entity Name  
ARCHER ABLE, INC.



FILED

07 MAR 19 PM 1:04

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3948 3RD STREET SOUTH  
UNIT # 116  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
3948 3RD STREET SOUTH  
UNIT # 116  
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #  
235 140th AVE E.

3. Mailing Address  
235 140th AVE E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE BEACH, FL

JACKSONVILLE BEACH, FL

Zip  
33708

Country  
USA

Zip  
33708

Country  
USA



REINSTATEMENT

CR2E098 (100)

00-07

4. FEI Number

20-2246515

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

MOBERLY, PAUL Q  
3948 3RD STREET SOUTH  
UNIT # 116  
JACKSONVILLE BEACH, FL 32250

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

PAUL MOBERLY, PRESIDENT

3/13/07

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

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  
PRES  
MOBERLY, PAUL Q  
3948 3RD STREET SOUTH # 116  
JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECR  
LUCAS, COURTNEY  
3948 3RD STREET SOUTH # 116  
JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
400095163094  
03/28/07--01036--002 \*\*308.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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:

PAUL MOBERLY 3/13/07

(727)254-1103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #