

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000004277					
1. Entity Name STEPHAN A. YECKES GENERAL CONTRACTOR, INC					
Principal Place of Business 772 US HIGHWAY ONE SUITE 200 NORTH PALM BEACH, FL 33420 US			Mailing Address 772 US HIGHWAY ONE SUITE 200 NORTH PALM BEACH, FL 33420 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
10132006		REIN-P		CR2E098 (11/05) 06	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOUGHERTY, THOMAS H 772 U.S. HIGHWAY ONE SUITE 201 NORTH PLAM BEACH, FL FL			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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE: 10-13-06					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YECKES, STEPHAN A 772 U.S. HOGHWAY NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400080958834 10/18/06--01039--013 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO TRACHE, JAMES R 772 US HIGHWAY ONE NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S mike Bishop 772 US#1 Suite 200 North Palm Beach, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEOGHEGAN, SCOTT M 772 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S mike Bishop 772 US#1 Suite 200 North Palm Beach, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	\$10/24		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S mike Bishop 772 US#1 Suite 200 North Palm Beach, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	\$10/24		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S mike Bishop 772 US#1 Suite 200 North Palm Beach, FL 33408	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 10/13/06 Daytime Phone #: 561-626-0402					

FILED
06 OCT 18 AM 11:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

