

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000010645

1. Entity Name
COLEMAN CONSTRUCTION SERVICES, INC.



FILED

08 DEC 24 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3601 COMMERCE BLVD
SUITE B
KISSIMMEE, FL 34741 US

Mailing Address

1885 THE OAKS BOULEVARD
KISSIMMEE, FL 34746 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

3601 Commerce Blvd.

Suite, Apt. #, etc.

B

City & State

City & State

Kissimmee, FL

Zip

Country

Zip

Country

34741

Osceola

12052008

REIN-P

CR2E098 (1/07)

4. FEI Number

20-2213054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, RONALD H
1885 THE OAKS BOULEVARD
KISSIMMEE, FL 34746

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, typed or printed name of registered agent and title if applicable

Ronald H Coleman President

12/10/08

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P, D ☐ Delete
NAME COLEMAN, RONALD H
STREET ADDRESS 1885 THE OAKS BOULEVARD
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald H Coleman President

12/10/08

Date

Daytime Phone #

REINSTATEMENT

500139268155
12/24/08--01028--008 **750.00