

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000046625

1. Entity Name
CHUCK'S PROFESSIONAL PAPER HANGING, INC.



FILED

07 FEB 13 PM 4:11

Principal Place of Business
1301 S ORLANDO AVENUE APT A
COCOA BEACH, FL 32931

Mailing Address
PO BOX 320554
COCOA BEACH, FL 32932-0554

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02063007

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FEI Number

Applied For

04-3810520

Not Applicable

Zip

Country

Zip

Country

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

WOFFORD, WILLIAM C JR
1301 S ORLANDO AVENUE APT A
COCOA BEACH, FL 32931

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.

(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 D
NAME WOFFORD, WILLIAM C JR
STREET ADDRESS 1301 S ORLANDO AVENUE APT A
CITY-ST-ZIP COCOA BEACH, FL 32931 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP
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02/27/07--01013--028 **300.00

TITLE ☐ Delete
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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:

Chuck Wofford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6-07

Date

321 784-3100

Daytime Phone #