

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000072106

1. Entity Name
RISLEY DESIGN, INC.



Principal Place of Business

1 NE 1ST AVE
SUITE 302
OCALA, FL 34470

Mailing Address

1 NE 1ST AVE
SUITE 302
OCALA, FL 34470

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

830 NE 2ND ST.

3. Mailing Address

830 NE 2ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10042007

REIN-P

CR2E098 (1/07)



City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34470

Country

US

Zip

34470

Country

US

4. FEI Number

20-2854993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RISLEY, MARK A
3545 NE FORT KING STREET BLDG E APT 256
OCALA, FL 34470

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
RISLEY, MARK A
3545 NE FORT KING STREET BLDG E APT 256
OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
RISLEY, MARK A.
830 NE 2ND ST
OCALA, FL 34470
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300111578533
11/01/07--01016--012 **150.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/07 352.624.4094

REINSTATEMENT

2007