

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P05000133036**

1. Entity Name  
**SIGNATURE SERVICES AND MANAGEMENT CORPORATION**



FILED  
07 APR 30 AM 11:40

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**322 BUCHANNAN S  
#1007  
HOLLYWOOD, FL 33019 US**

Mailing Address  
**322 BUCHANNAN ST  
#1007  
HOLLYWOOD, FL 33019 US**

2. Principal Place of Business - No P.O. Box #  
**3438 Zaharis Pl**

3. Mailing Address  
**3206 SHAPKINS AVE  
26**

Suite, Apt. #, etc.  
**FL**

Suite, Apt. #, etc.  
**FL**

City & State  
**Titusville FL**

City & State  
**Titusville FL**

Zip  
**32780**

Country  
**Brevard**

Zip  
**32780**

Country  
**Brevard**



4. FEI Number  
**20-4466285**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FIELD, SHANNAN M  
322 BUCHANNAN ST  
#1007  
HOLLYWOOD, FL 33019**

7. Name and Address of New Registered Agent  
Name  
**Shannan Field**  
Street Address (P.O. Box Number is Not Acceptable)  
**3438 Zaharis Pl**  
City  
**Titusville** **FL** Zip Code  
**32780**

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 **Shannan Field** DATE **4/23/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P FIELD, SHANNAN M 322 BUCHANNAN ST #1007 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Shannan Field 3438 Zaharis Pl Titusville FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900103283929 05/25/07--01013--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Shannan Field** DATE **4/23/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR