

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000157371

1. Entity Name
P.C.F., INC.



Principal Place of Business
321 S. MISSOURI
CLEARWATER, FL 33756

Mailing Address
P.O. BOX
CLEARWATER, FL 33757



01252008 REIN-P CR2E098 (1/07) 07-08

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

3. Mailing Address

P.O. Box 396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

4. FEI Number

76-0808072

Applied For

Not Applicable

Zip

Country

Zip

33757

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

MATHENY, DWIGHT
321 S. MISSOURI
CLEARWATER, FL 33756

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-08

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 P
NAME MATHENY, RUSSELL D
STREET ADDRESS 321 S. MISSOURI
CITY-ST-ZIP CLEARWATER, FL 33756

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CITY-ST-ZIP
600116579096
01/31/08--01035--003 **300.00

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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:

Russell Dwight Matheny

1-28-08 727 461 9612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #