

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000074938

1. Entity Name
FOREVERSEMINOLE, INC.



FILED

07 OCT 12 PM 1:00

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4417 13TH ST
ST CLOUD, FL 34769

Mailing Address

4417 13TH ST
ST CLOUD, FL 34769

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

65 Pine Forrest Circle
Suite, Apt. #, etc.

3. Mailing Address

65 Pine Forrest Circle
Suite, Apt. #, etc.



100110746307 REINSTATEMENT 10/08/07 (1/07) 07

City & State

Bunnell, FL

City & State

Bunnell, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip 32110

Country USA

Zip 32110

Country USA

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

STANLEY, CHARLES L
4417 13TH ST
STE 415
ST CLOUD, FL 34769

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

Charles L. Stanley

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

(NOTE: Registered Agent signature required when reinstating)

10/08/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CONNELL, BRENDA N
STREET ADDRESS 3505 LONGPINE LN
CITY-ST-ZIP ST CLOUD, FL 34772 ☒ Delete

TITLE P
NAME Charles L. Stanley
STREET ADDRESS 65 Pine Forrest Circle
CITY-ST-ZIP Bunnell, FL 32110 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Sec./Treas.
NAME Shirley A. James
STREET ADDRESS 3440 Foxboro Ct.
CITY-ST-ZIP Mt. Dora, FL 32757 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 700110746307
10/12/07--01068--018 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Charles L. Stanley
Charles L. Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/07

Date

229-224-5761

Daytime Phone #